



AvMed, Inc.
P.O. Box 569008
Miami, FL 33256

Medical Drug Medication Precertification Request

AvMed Medicare	Fax number
Medication Requests	1-305-671-0189

Check here if expedite is requested:

Note: The Centers for Medicare and Medicaid Services (CMS) defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function

Important: Please submit clinical documentation to support medical necessity.
Submit required photos to SHPphoto@sentara.com.

Please use the AvMed Medicare Part B Medical Policy located at [Prior Authorization - AvMed](#) to view prior authorization criteria for medications.

All documentation, and/or chart notes, must be provided or request may be denied.

If information provided is not complete, correct, or legible, authorization will be delayed.

Member information

Name:	DOB:	ID#:
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Diagnosis code(s):	
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Procedure codes/diagnostic services

CPT/HCPCS code(s)	HCPCS Units (i.e., billable units)	Description	Date of service

Medication specific information
Include medication specific prior authorization form if applicable

HCPC code(s)	Dose (i.e., mg, mL, units)	Frequency	Start date	End date

Completed by

Name:					
Phone:		Ext:		Fax:	

Information of Provider performing the procedure or ordering the medication

Name:		Group name:	
NPI:		Tax ID:	
Phone:		Fax:	

Location where infusion will be given or Name of Specialty Pharmacy fulfilling the order
 Check this box if using Proprium Rx Specialty Pharmacy (no need to complete next section)

Name:		Group name:	
NPI:		Tax ID:	
Phone:		Fax:	

Additional information:
