



Prior Authorization Request Form
(Excluding DME/Medical Supplies)

Fax: (602) 778-3331

Phone: (602) 778-3330
1-866-406-0955

Date of Request: \_\_\_\_\_

[ ] Standard/Routine (up to 14 calendar days) [ ] Urgent (ASAP not to exceed 14 calendar days)

[ ] Expedited/STAT (up to 3 business days) Use only when following the standard time frame could seriously jeopardize the member's life of health or ability to attain, maintain, or regain maximum function.

Member Information

Member Name: \_\_\_\_\_ Address: \_\_\_\_\_
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Patient ID Number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_
Medicare [ ] Yes [ ] No Other Insurance: \_\_\_\_\_

Requesting Physician Information

Requesting Physician: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_
Phone Number: \_\_\_\_\_ RETURN AUTHORIZATION TO THIS FAX #: \_\_\_\_\_
Diagnosis: \_\_\_\_\_ ICD-9: \_\_\_\_\_ CPT Code(s): \_\_\_\_\_ HCPC Code(s): \_\_\_\_\_

Authorization Request

Referring To: \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Facility/Hospital Name: \_\_\_\_\_
Address: \_\_\_\_\_ Expected Date of Service: \_\_\_\_\_
[ ] Office [ ] Inpatient Services [ ] Outpatient Services [ ] 23 Hour Short Stay/Observation

Describe symptoms, duration, tried and/or failed treatment, relevant lab, diagnostic test (if possible please fax in supporting documentation with request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH PLAN USE ONLY

Approved [ ]
Authorization Number: \_\_\_\_\_ Valid From: \_\_\_\_\_ to \_\_\_\_\_ Expiration Date

Denied [ ] Denial Reason: \_\_\_\_\_

Medical Director Signature PA Nurse/Tech Signature Date

Authorization is subject to eligibility on date of service. To ensure proper payment for services rendered, please verify eligibility on date of service. If the member is determined to be ineligible on date of service, he/she may be responsible for payment of these services.

Availability/Accessibility Standards apply to Contracted and Non Contracted Providers