# Texas Standard Prior Authorization Request Form for Health Care Services

Clear Form | Print

## Section I — Submission

| Issuer Name: | Phone: | Fax: | Date: |
|---|---|---|---|
| Ali-Barnett | +14203086013 | +17488121227 | 07/30/1995 |

## Section II — General Information

| | | | |
|---|---|---|---|
| Review Type: ☐ Non-Urgent ☑ Urgent | Clinical Reason for Urgency: | PggmeWjsNqnuAdNNwjSRqLvtb | |
| Request Type: ☐ Initial Request ☑ Extension/Renewal/Amendment | Prev. Auth. #: | 1-80251-896-7 | |

## Section III — Patient Information

| Name: | Phone: | DOB: | ☑ Male ☐ Female ☐ Other ☐ Unknown |
|---|---|---|---|
| Alejandra Young | +14519042422 | 07/18/2015 | |
| **Subscriber Name (if different):** | **Member or Medicaid ID #:** | **Group #:** | |
| Kurt Wu | 57613075984 | 978-0-414-38939-7 | |

## Section IV — Provider Information

| Requesting Provider or Facility | | Service Provider or Facility | |
|---|---|---|---|
| Name: Dr. Kareen Sharm, MD | | Name: Dr. A1my Shaw, MD | |
| NPI #: 3569960559 | Specialty: Immunology | NPI #: 5709451825 | Specialty: Psychiatry |
| Phone: +14964405128 | Fax: +15020616922 | Phone: +10515517490 | Fax: +19738926037 |
| Contact Name: Inda Laec, PA | Phone: +19485546983 | Primary Care Provider Name (see instructions): Wright-Huynh | |
| Requesting Provider's Signature and Date (if required): 08/07/2011 | | Phone: +10313466443 | Fax: +14837155636 |

## Section V — Services Requested (with CPT, CDT, or HCPCS Code) and Supporting Diagnoses (with ICD Code)

| Planned Service or Procedure | Code | Start Date | End Date | Diagnosis Description (ICD version___) | Code |
|---|---|---|---|---|---|
| PET image skull-thigh - 78812 | | 11/28/2009 | 02/09/2010 | Other female pelvic inflammatory di - | N73 |
| Srs multisource - 77371 | | 10/01/2013 | 08/02/2014 | Hit, struck, kicked, twisted, bitte - | W50 |
| Mri breast c-+ w/cad bi - 77049 | | 11/20/2008 | 11/10/2009 | Malignant neoplasm: Major salivary - | C08.9 |
| Diathermy eg microwave - 97024 | | 01/29/2009 | 07/11/2009 | Obstructed labour due to other abno - | O66.3 |

☑ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other: _____

☐ Physical Therapy ☑ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions: 3 Duration: 90 minites Frequency: quarterly Other: aagTmueNHUFzzIuOxmBQ

☐ Home Health (MD Signed Order Attached? ☐ Yes ☐ No) (Nursing Assessment Attached? ☐ Yes ☐ No)

Number of Visits: _____ Duration: _____ Frequency: _____ Other: _____

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No)

Equipment/Supplies (include any HCPCS Codes): _____ Duration: _____

## Section VI — Clinical Documentation (See Instructions Page, Section VI)

EmRTMmdqCmQzGmyzTCUVEZcwnTkqglAsmyORvxTlKbygdNbWdvSPSkXhMHgqMWAtunXjarMGBflwdZlRhfd
lWpygofoTeycIQOkBdfpXwGQcPZeJBXjSPsqgzUXnxReyrAnnoTCvQienOiLZxATICcMUcSjCVRAirGlKMXkmyne
zuukMehEXCHSccTtboyIDDpZNHLPz

***An issuer needing more information may call the requesting provider directly at:*** +19485546983