Keystone First
Prior Authorization Form

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Prior Authorization Fax	Prior Authorization Retro Fax	DME Fax	OB Request Fax
1-215-937-5322	**1-215-937-7371**	**1-215-937-5383**	**1-844-688-2973**

Please print — accuracy is important.

Facility name:	
National Provider Identifier (NPI) number:	Tax ID:
Address:	
Phone:	Fax:

Provider name:	Keystone First provider ID:
NPI number:	Tax ID:
Address:	
Phone:	Fax:
Preparer's name:	Phone:	Fax:
Date faxed:	Number of pages:

Patient information

Patient name:	
Keystone First ID number:	
Date of birth:	
Eligibility date:	
Third-party liability:	

Check one: ☐ IP request ☐ OP request ☐ Short Procedure Unit (SPU) ☐ DME: rental or purchase ☐ OB request ☐ Home care

Date of service:	
Requested service:	
Treating physician name:	
Physician NPI number:	
Pending authorization number (if applicable):	
Dx code(s):	
CPT code(s) and quantity:	
HCPC code(s) and quantity:	

Referring physician name:	
NPI number:	
Phone number:	
Fax number:	

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