

## Prior Authorization Form

- ☐ **Pre-Service Non-Urgent** (Physician Signature NOT Required) – Review time up to 14 business days
- ☐ **Pre-Service Administratively Urgent** (Physician Signature NOT Required) (Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.) For services that are scheduled before 14 business days
- ☐ **Pre-Service Medically Urgent** (Attending Physician Signature REQUIRED Below) (Medically Urgent- In the opinion of the attending physician, there is a risk to the members life, serious bodily injury or pain that cannot otherwise be managed.)

**Attending Physician**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ALL OF THE FOLLOWING MUST BE COMPLETED

PATIENT INFORMATION	
NAME	DATE OF BIRTH
ADDRESS	MEMBER NUMBER
CITY/STATE	ZIP

REQUESTING PROVIDER	SERVICES TO BE PERFORMED AT
NAME	FACILITY/SPECIALTY
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PROVIDER'S NPI #: FORM SUBMITTED BY: PHONE NUMBER: FAX NUMBER:	TAX ID # PHONE NUMBER: FAX NUMBER:
<input type="checkbox"/> Patient's Request	

### SERVICES REQUESTED (Supporting clinical documentation must accompany this request)

<input type="checkbox"/> Consult Only <input type="checkbox"/> DME (Durable Medical Equipment) <input type="checkbox"/> Inpatient Services <input type="checkbox"/> Outpatient Surgical Services <input type="checkbox"/> MRI/PET/CT <input type="checkbox"/> Therapy __ST __PT __OT <input type="checkbox"/> Home Care/Hospice <input type="checkbox"/> Inpatient SNF <input type="checkbox"/> Lab <input type="checkbox"/> Other _____	
DIAGNOSIS CODE:	PROCEDURE CODE:
DESCRIPTION:	DESCRIPTION:
LOCATION:	DATE OF PROCEDURE:
INDICATION OF PROCEDURE/NARRATIVE	

A referral is not a guarantee of eligibility or benefits under the member's health plan. Payment will be made in accordance with the member's plan benefits at the time the service is rendered. Please call Member Services at (800) 605-4327 if you have questions about benefits.

**Prior Authorization and Clinical Information Fax Number: (608) 831-6099**