

MEDICAL SERVICE Prior Authorization Form

FAX: 1-877-HCA-8120 (1-877-422-8120)

www.StewardHealthChoiceAZ.com



HEALTH CHOICE
ARIZONA

Ordering Providers are required to send medical documentation supporting the requested service.

Member Name (Last, First) D'arc Jeanne	Member ID# 32081881	DOB 05/17/1975	Date of Request 06/09/2024
Ordering Provider Name People Health Arizona	NPI# 4569873456	TIN#	
Office Contact Person 800-367-1260	Direct Phone # 800-239-9691	Fax # +1-907-556-1234	
Diagnosis 1 (ICD-10 code) D51	Diagnosis 2 (ICD-10 code) I06	Diagnosis 3 (ICD-10 code)	

- **STANDARD** (up to 14 calendar days).....No Signature Required.
- **EXPEDITED** (up to 72 hours).....**By signing below, you are requesting expedited processing and that the request fits into one of the two categories below.**
 - Processing within the standard timeframe will jeopardize the life or health of the member and impact ability to regain maximum function.
 - Processing within the standard timeframe will cause a barrier to transition of care**Therefore, you are certifying, as the ordering provider, that applying the standard review time frame may seriously jeopardize the member's life, health or ability to regain maximum function.**

Ordering Provider Signature SIGNATURE ON FILE	Date 06/11/2024
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<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	<input type="checkbox"/> ASC <input type="checkbox"/> Office	Specialist Name (Last, First) Marshall Renee	Specialty Radiology
Name of Facility (if applicable) Canyon Urgent Care			Date of service 06/11/2024
Address 2919, North 89th Street	NPI#	TIN#	Phone #
Name of Procedure Radiation Oncology	CPT code 1 77262	CPT code 2	CPT code 3
<input checked="" type="checkbox"/> Physical Therapy 15 # of visits/units	<input type="checkbox"/> Occupational Therapy # of visits/units	<input type="checkbox"/> Speech Therapy # of visits/units	<input checked="" type="checkbox"/> Home Health 10 # of visits/units
<input type="checkbox"/> Office # of visits			
Contracted Ancillary Service Request (DME; O&P; Equipment) and HCPCS Code (or attach list of codes and costs)			
PLEASE NOTE - ALL IMAGING SERVICES requiring Prior Authorization should be directed to the Steward Health Choice Arizona Radiology Benefits Manager Evicore (Phone 1-888-693-3211) per the Prior Authorization Manual.			

Medication Request for Administration for Physician Office Administration

Name of Medication (and J-code)	Dosage	Quantity/Amount	Refills (<12)
Sig/Instructions		Allergies	
List Medications Tried/When			
List Medications Contraindicated/Reason			
Provider Signature		Date	