

Prior Authorization Request



PROVIDERS: For a faster turn-around, go to www.devoted.com/providers and submit your request through the Availity Provider Portal.

Member Information

Name:

Devoted Health Member ID:

D

Birth Date: (MM/DD/YY)

/ /

Information About You

(the person filling out this form)

Name:

Phone:

Fax:

Who Is Requesting Care?

Provider or Facility Name:

NPI Number:

Specialty:

Devoted PCP ID:

LX

Who Will Provide Care?

Provider or Facility Name:

NPI Number:

Address:

Specialty:

Tax ID Number:

Fax your completed form and documentation to 1-877-264-3872.

Devoted Health is an HMO plan with a Medicare contract. Enrollment in Devoted Health depends on contract renewal.

Type of Care

Please be sure to fill in this section completely so we can respond as quickly as possible — all fields are required.

❗ **Attach any important clinical documentation that supports your request.**

Request Type: ☐ Inpatient ☐ Service/Procedure

Service Type: ☐ Inpatient ☐ Referral ☐ Surgery ☐ Home Health Care
☐ DME ☐ PT/OT/ST ☐ Chemotherapy ☐ Radiation Therapy
☐ Diagnostic Imaging ☐ Diagnostic Testing ☐ Part B Non-Oncology ☐ Other _____

Location: ☐ Office ☐ ASC ☐ Home ☐ Other
☐ Outpatient Hospital ☐ Outpatient Rehab ☐ Imaging Center _____

Start Date: (MM/DD/YY)

End Date: (MM/DD/YY)

Number of Visits/Units:

/ / to / /

ICD-10 Code(s):

Diagnosis:

Procedure Code(s):

Urgent Requests

Check this box only if you need an expedited response. For Part B drug requests, standard response time is 72 hours. Expedited response time is 24 hours. For all other requests, standard response time is 3-14 calendar days. Expedited response time is 72 hours.

☐ **This is an urgent request.** Waiting more than 72 hours (or more than 24 hours for a Part B drug) could harm the member's health.



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