

# Prior Authorization Request



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

## Member Information

Name:

Devoted Health Member ID:

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Birth Date: (MM/DD/YY)

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## 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.

① **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:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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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.



**Fax your completed form  
and documentation to:**

**1-877-264-3872**