

Today's Date

Patient's Full Name

Person completing form

Recipient Identification Number (RIN)

Contact information: Phone and Fax Number

Patient's Date of Birth

Facility / Agency / NPI # Information:	Diagnosis/ Diagnoses (include ICD-10 codes):
Referring PCP:	Rendering Specialist:
PCP contact information:	Date of procedure/ admit/ test:
Procedure/ surgery/ DME requested: (CPT, HCPCS, Units or Days requested)	
Authorization #:	

Clinicals to provide:

- ☛ History and physical and pertinent clinicals to support medical necessity for requested service.***
- ☛ Include relevant and necessary HFS forms for all sterilizations and hysterectomies.***

Please note:

Decisions for all urgent prior authorization requests will be within 48 hours and non-urgent outpatient requests within 4 calendar days with a possible extension of an additional 4 calendar days if supporting documentation not received with request. All services are subject to benefit plan coverage, member eligibility and medical necessity criteria.

Thanks

Official Use Only

Received

Processed By

Log #