



Phone: (602) 824-3760 or (800) 747-7997
Fax (602) 674-6678



Phone (602) 824-3900 or (888) 864-1114
Fax (602) 674-6627

(Select Health Plan by Checking Corresponding Box above)

PRIOR AUTHORIZATION REQUEST FORM

Member Name:	Member ID:	Member DOB:
PCP Name:	NPI:	Other Insurance:
Requesting Physician:	<input type="radio"/> PA Request is for my office <input type="radio"/> Other Office	Date of Request:
Contact Person:	Phone #: () Extension: Fax#: include area code ()	
DIAGNOSIS:	ICD-9 Code:	

SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH REQUEST IN ORDER TO BE PROCESSED

Check Box: Routine Expedited Non-contracted Provider

<input type="radio"/> Referral to Specialist: (Physicians First and Last Name)		Specialty:
NPI:		
Address:		Phone# ()
<input type="checkbox"/> Initial Consultation	<input type="checkbox"/> Follow up visit(s) #:	Date of Service:
<input type="checkbox"/> Surgery/Procedure: (Description)		CPT Code(s):
Name/Address of Facility:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Date of Service:
<input type="radio"/> DME/Orthotics/Prosthetics: (Description)	HCPCS Code(s):	
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy # of visits: _____ Initial eval date:		
Comments:		
PLEASE ATTACH SUPPORTING DOCUMENTATION, PROGRESS NOTES, H&P, LAB / TEST RESULTS		

Limitations: This reference number is not a guarantee of payment. Payment for covered services is limited to those specified on this form and is dependent upon the member eligibility at the time of services.

AREA BELOW FOR PHP/CC and AAHP USE ONLY

Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature:	Reference Number:	Expiration Date:
COMMENT:				

Health Care Information is personal and sensitive information related to a person's health care. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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