



7878 N. 16th St. Suite 105
Phoenix, Arizona 85020
Ph: (602) 824-3700 Fax: (602) 674-6678

Prior Auth Approval #: _____
Expiration Date: _____

Phoenix Health Plan OB Prior Authorization Fax Cover Sheet

The following information must be completed when requesting a prior authorization for total obstetrical services for Phoenix Health Plan (PHP) members. Please fax this cover sheet, **including the ACOG form**, to the PA Department at (602) 674-6678. For questions regarding prior authorization, contact the PA Department: (602) 824-3760 Fax: (602) 674-6678.

MEMBER INFORMATION

1. Member Name: _____ DOB: _____
2. _____
Member AHCCCS ID # EDC
3. Date of 1st prenatal visit as a member of PHP: _____
Month/day/year
4. Date Member was **eligible** with PHP: _____
Month/day/year

This information can be obtained as follows:

- PHP Provider Login- www.phoenixhealthplan.com/log_in.aspx
- Medifax Online- www.medifax.com/netdirect
- Call Member Services at: (602) 824-3700 or 1-800-747-7997
- AHCCCS Online- www.azweb.statemedicaid.us

***Reminder: Please check eligibility at every visit**

PROVIDER INFORMATION

Office Contact Name: _____

Provider Fax: _____ Office Phone: _____

Provider Servicing Address: _____
Street City Zip

Requesting Provider Name: _____

Hospital for Delivery: _____

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. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY FORBIDDEN**. If you have received this message in error, please notify us immediately and destroy the related message.