Prior Authorization Form

ALL fields on this form are required. Please attach ALL clinical information.

For all Outpatient services and Elective Inpatient surgery and procedures, Fax to (480) 977 -6116

For all Acute urgent admit notifications and Post Acute (SNF/Rehab/LTAC) admissions, Fax to (480) 977-6133

Member Name: Last ______________________ First ______________________ MI ________

Member Date of Birth: ______________________ Member ID#: ______________________

Provider making this request (Name & Provider Type): ______________________	Provider and/or Facility to perform the request: ______________________
Address: ______________________	Specialty Type: ______________________
City: ____________ State: _____ Zip: _______	Address: ______________________
NPI: ____________ TID: ____________	City: ____________ State: _____ Zip: _______
Phone #: ______________________	NPI: ____________ TID: ____________
☐ In-Network ☐ Out-of-Network	Out-of-Network Provider/Facility: ☐ Yes ☐ No
*Name/Direct Contact (Requesting Provider office): ______________________	All Out-of-Network provider/facility, provide reason:
Backline #: ____________ Ext: ________	
Fax #: ______________________	
Office Email: ______________________	
Facility Information (Outpatient/Inpatient Only):	Procedure Requested:
☐ Outpatient ☐ Inpatient	Description: ______________________
Name: ______________________	Date of Procedure (if sched): ______________________
Address: ______________________	HCPC/CPT Code: ______________________
City: ____________ State: _____ Zip: _______	HCPC/CPT Code: ______________________
Phone #: ______________________	ICD-10 Code: ______________________
NPI: ____________ TID: ____________	ICD-10 Code: ______________________

Expedite - defined as member's life, health or ability to regain maximum function is in serious jeopardy if determination is not made in the standard timeframe. **Request must include supporting documentation to substantiate an expedited review.**

Explanation Required:

Comments:

Please attach ALL clinical information with your submission