



PRIOR AUTHORIZATION REQUEST FORM

Fax completed form and supportive clinical to: **(305) 644-2539**
 Behavioral Health Cases should be faxed to: **(305) 644-7734**

MEMBER INFORMATION			
Member Name:		Member Identification Number:	Date:
Member Date Of Birth:		Member Phone Number:	
Member Address:			
REQUESTING PHYSICIAN INFORMATION			
Referring Physician:		Phone Number:	Fax Number:
Referring Physician's Address:		Referring Physician's Signature/License Number:	
TIN/NPI:	Location Code:		
SERVICING PHYSICIAN/FACILITY INFORMATION			
Servicing Provider Name:		Facility Name:	
Servicing Provider Address:		Facility Address:	
Contact Person:	Specialty:		
Phone Number:	Fax Number:	Phone Number:	Fax Number:
TIN/NPI:	Location Code:	TIN/NPI:	Location Code:
REQUESTED SERVICE/PROCEDURE/COURSE OF TREATMENT			
POS: <input type="checkbox"/> Office <input type="checkbox"/> Outpatient Center <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Ambulatory Surgical Center <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Inpatient Rehab <input type="checkbox"/> SNF/Rehab <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Inpatient Psychiatric Facility <input type="checkbox"/> Other			
If Other, please specify:			
Type of Service or Procedure:		<input type="checkbox"/> Initial <input type="checkbox"/> Extension - Previous Authorization #	
Quantity or Number of Visits Requested:			
HCPCS/CPT CODES			
Diagnosis ICD 10 Code:	HCPCS/CPT Code:	Code Description:	Medical Reason:
IMPORTANT INFORMATION			
Please include/attach clinical/office notes, laboratory information, imaging reports, and any guiding documentation to support medical necessity. If this is an out-of-network request, please provide an explanation.			
<input type="checkbox"/> Check box if physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.			
Telephone: 844-969-5366 - Fax: 305-644-2539 - Behavioral Health Fax: 305-644-7734			