



# 2018 Prior Authorization Request Form *for Medicare Advantage*

<b>Fax completed forms to:</b> (253) 682-4811 or 1 (866) 362-0627	<b>For eligibility, benefits or status inquiries:</b> 1 (866) 789-7747	<b>Care Management:</b> (253) 682-4813 or 1 (866) 352-7086
--	---	---

<b>Please check one option below.</b>	<b>Today's Date:</b>	<b>Request Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Extension
<input type="checkbox"/> <b>Medically urgent: 72 Hours</b> <i>[Use only if a longer time may adversely affect the patient. Clarify why request is urgent.]</i>		<input type="checkbox"/> <b>Routine/Pre-Service: Up to 14 calendar days</b>
<input type="checkbox"/> <b>Post-Service: Up to 14 calendar days</b> <i>[Use when service has been rendered and no denied claim is on file. Please choose from one of the reasons below for requesting a post-service auth.]</i>		
<input type="checkbox"/> <b>Member presented with wrong or no insurance card</b>		
<input type="checkbox"/> <b>Member unable to communicate insurance information due to medical condition</b>		
<input type="checkbox"/> <b>Other</b> <i>[Please explain.]</i>		
<b>Please attach:</b> Supporting medical records to substantiate medical necessity for requested service(s).		

<b>SECTION I. ORDERING PROVIDER INFORMATION</b>		<b>NPI and Tax ID numbers are required</b>	
<b>Ordering Provider's Name:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Contact Person:</b>	<b>NPI:</b>	<b>Tax ID:</b>	
<b>PCP Referral on File:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PCP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Specialist:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SECTION II. PATIENT INFORMATION</b>	
<b>Member ID#:</b>	<b>Date of Birth:</b>
<b>Patient Name:</b>	<b>Phone:</b>

<b>SECTION III. DIAGNOSIS</b>		
<b>ICD 10 Diagnosis Code:</b>	<b>Additional:</b>	<b>Additional:</b>

<b>SECTION IV. REQUESTED SERVICES</b>		
<input type="checkbox"/> <b>Hospital Stays (Observation &gt; 24 hours or Inpatient)</b>	<input type="checkbox"/> <b>Outpatient Surgery Facility/ASC</b>	
<input type="checkbox"/> <b>Inpatient Rehabilitation</b>	<input type="checkbox"/> <b>Part B Drug/Injectables</b>	
<input type="checkbox"/> <b>Skilled Nursing Facility</b>	<input type="checkbox"/> <b>Radiology/Imaging</b>	
<input type="checkbox"/> <b>Long Term Acute Care</b>	<input type="checkbox"/> <b>PT</b> <input type="checkbox"/> <b>OT</b> <input type="checkbox"/> <b>SPT</b> <input type="checkbox"/> <b>Wound Care</b>	
<input type="checkbox"/> <b>Home Health (Episodic Care)</b>	<input type="checkbox"/> <b>Durable Medical Equipment</b>	
<input type="checkbox"/> <b>Non-preferred Diabetic Testing Supplies (Non-Abbott)</b>	<input type="checkbox"/> <b>Out of Network/Out of Area</b>	
<b>CPT4/HCPCS/J-Codes:</b>		
<b>Description:</b>		
<b>Start Date:</b>	<b>End Date:</b>	<b>Number of Visits:</b>

<b>SECTION V. PROVIDER RENDERING REQUESTED SERVICE</b>		<b>NPI and Tax ID numbers are required</b>	
<b>Rendering Provider Name:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Contact Person:</b>	<b>NPI:</b>	<b>Tax ID:</b>	
<b>Is this a contracted provider:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If No, does this provider accept Medicare's participating rates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>SECTION VI. FACILITY RENDERING REQUESTED SERVICE</b>		<b>NPI and Tax ID numbers are required</b>	
<b>Facility Name:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Contact Person:</b>	<b>NPI:</b>	<b>Tax ID:</b>	
<b>Is the facility contracted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If No, does this facility accept Medicare's participating rates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Confidentiality Notice: The information contained in this facsimile is privileged or confidential, and intended only for the individual or entity named above. If the reader is not the intended recipient, or the employee or agent to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at the number at the top of this page.*