



### REQUEST FOR PRIOR AUTHORIZATION

FAX completed form with relevant clinical information attached to (833)853-8549  
For questions, call (559)228-2905 or toll free at (833)513-0622

Select health plan:

Aetna	Blue Shield 65 Plus	Health Net/Wellcare
Aetna Medicare	Brand New Day	Health Net Medicare
Anthem Blue Cross	Cigna	United Healthcare United
Blue Shield		Healthcare Medicare

#### SERVICES REQUIRING PRIOR AUTHORIZATION (select requested service)

Bariatric Surgery	Injections – Self-Injections
Colonoscopy, EGD, Manometry	Injections – In-Office Injections
Cosmetic/Reconstructive Surgery	MRI, MRA, CT & PET Scans
DME Purchase over \$500	Out-of-Plan Provider
DME Rental	Sleep Studies
Genetic Testing	Transplants in conjunction with Health Plan Programs
Home Infusion	Varicose Vein Treatment
Infusions - Ambulatory	Wound Care – Facility Based

#### TYPE OF REQUEST

**NON-URGENT** for routine or elective services

**URGENT** if imminent threat to life or health exists requiring care within 72 hours or less

#### PATIENT INFORMATION

**Patient Name:**  
(Last, First, MI)

**Date of Birth:**  
(MM/DD/YY)

**I.D.#:**

**Gender:**      **M**      **F**

**PCP:**

#### FROM – REQUESTING PHYSICIAN

**Requesting Physician:**

**Tax ID#:**

**Contact Person:**

**Phone:**

**Fax:**

**Physician Signature:**

**Date:**

#### TO – WHERE WILL PATIENT RECEIVE SERVICES?

**Physician/Provider/Facility Requested:**

**Tax ID#:**

**Where will services be rendered?** (provide name of facility, if other than provider office or patient's home)

**Address:**

**Phone:**

**Fax:**

#### CLINICAL INFORMATION

**ICD-10 Codes:**

1      2      3

**Diagnosis Description:**

**CPT/HCPC Codes:**

1      2      3

**Describe Service Requested:**

**# of Days/Visits:**

**Comments:**

*Within 2 days before the actual date of service, provider MUST confirm that the member's health plan coverage is still in effect. With the exception of urgent requests, it is recommended that you do not schedule appointments prior to authorization approval. Emergency services do not require prior authorization and are reviewed retrospectively for necessity. This message is intended only for the use of the individual/entity to which it is addressed and may contain confidential information. If the reader of this message is not the intended recipient, you are hereby notified that any distribution is strictly prohibited.*

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