



Arizona Priority Care Plan Redirect

As requested, please redirect our Arizona Priority Care patients to IN-NETWORK providers for all future referrals. We understand that members who are sent to out-of-network providers require prior authorization and we prefer to have our patients see Arizona Priority Care providers.

This agreement applies to: (please select one)

- All of the providers in our practice _____ (group name)
- All of our providers except _____ (provider name)
- Only the following provider _____ (provider name)

- Please automatically redirect

Should a member need to see a specific practitioner that is out-of network for a unique diagnosis, you are required to submit a Prior Authorization request with supporting clinical documentation.

Office Manager or Provider:

Please sign and fax back to the Prior Authorization Department at 480-499-8798

Name (please print) _____

Title _____

Signature _____

Date _____