



Prior Authorization Request Form
Fax Request and Supporting Documentation to
(480) 499-8798

Direct Referral

Standard - Per Medicare guidelines, up to 14 calendar days for processing.

Prior Authorization

EXPEDITED - Per Medicare guidelines; the member's life, health, or ability to regain maximum function is in serious jeopardy; up to 72 hours for processing.

Request Date:

Member's Name: DOB:

Mailing Address: City: Zip Code:

Phone: Health Plan: Member ID#:

Referred From Provider: Tax ID/NPI:

Contact Name: Phone: Fax:

Referred To Provider: Tax ID/NPI:

Specialty Type: Fax:

Facility: Tax ID/NPI:

Place of Service: In Office Home In-pt Out-pt ASC

ICD-10 Code(s):

CPT/HCPCS Code: Quantity: CPT/HCPCS: Quantity:

CPT/HCPCS Code: Quantity: CPT/HCPCS: Quantity:

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J Code(s) Request (Part B Only): (Please note all authorizations are for a 90 day period)

HCPCS Code: Dosage per Injection: Quantity: Frequency:

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