



# Direct Referral and Prior Authorization Request Form

**Fax Request and Supporting Documentation to (480) 499 8798**

Direct Referral  
(Specialties: Cardiology, Dermatology, Nephrology, Oncology, Ophthalmology, Podiatry, Pulmonology)

ROUTINE

EXPEDITED- Requires direct communication with a Medical Director. Medicare's definition is as follows: **"The standard review timeframe may seriously jeopardize the life or health of the Member, or the Member's ability to regain maximum function."** Phone (480) 499 8700 Option 3, 2, 3

Prior Authorization

Request Date \_\_\_\_\_

Patient's name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Health Plan \_\_\_\_\_ Health Plan ID# \_\_\_\_\_

**Requested Provider/Facility:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Provider Fax:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-10:** \_\_\_\_\_

Consult  Follow up Appointment Date \_\_\_\_\_

**CPT Codes and Description of Service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility Requested (if applicable) \_\_\_\_\_ For Surgery: In-pt  or Out-pt

**Clinical Signs & Symptoms** (Reason for service. What is the specialist to address?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Include with this form,

- 1.) All legible clinical notes pertinent to the problem.
- 2.) All supporting documentation, using the check list on the right margin of this form.

**Requesting Physician:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Total pages faxed:** \_\_\_\_\_

- CARDIOLOGY
  - Clinical Notes
  - EKG
  - PTCA, CABG
  - STRESS ECHO
  - CHEST X-RAY
- NEPHROLOGY
  - Clinical notes
  - BUN/ Creatinine
  - Kidney ultrasound
- NEUROSURGERY
  - Clinical notes
  - MRI, CT
  - Neurology records
  - Pain mgmt. records
- ONCOLOGY
  - Clinical notes
  - Operative report
  - Pathology report
  - Previous X-ray reports
- ORTHOPEDICS
  - Clinical notes
  - X-ray report
  - MRI report
- PULMONARY
  - Clinical notes
  - Spirometry
  - O2 Sat
  - Chest X-rays
  - CT report
- UROLOGY
  - Clinical notes
  - Urine culture
  - Urine cytology
  - PSA blood test
  - CT abd/pelvis