

- Standard – up to 14 calendar days for processing.
 Expedited** – up to 72 hours for processing.

****Must meet one of the following to qualify for expedited review:**

(1) the member's life, health, or ability to regain maximum function is in serious jeopardy; (2) the life, health, and safety of the member or others is in jeopardy due to the member's psychological state; or (3) the standard turnaround time would subject the member to adverse health consequences without the care or treatment being requested.

****Rationale for requesting an expedited review:** _____

Request Date: _____ Anticipated Date of Service: _____
Member's Name: _____ DOB: _____
Mailing Address: _____ City: _____ Zip Code: _____
Phone: _____ Member ID#: _____

Requesting Provider: _____
Tax ID/NPI: _____ Fax: _____
Contact Name: _____ Phone w/extension: _____

Referred To Provider: _____
Tax ID/NPI: _____ Specialty Type: _____
Phone: _____ Fax: _____

Facility: _____ Tax ID/NPI: _____
Place of Service: In Office Home Inpatient Outpatient ASC
ICD-10 Code(s): _____
CPT/HCPCS: _____ Quantity: _____ CPT/HCPCS Code: _____ Quantity: _____
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*For Part B drug requests ONLY, please use the Part B Drug Prior Auth form located on our website.
<http://azprioritycare.com/for-providers/forms-and-reference-materials/>*

For Part D drug requests, please submit your request to the member's health plan.