

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:**

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

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: \_\_\_\_\_

CPT/HCPCS: \_\_\_\_\_ Quantity: \_\_\_\_\_ CPT/HCPCS Code: \_\_\_\_\_ Quantity: \_\_\_\_\_

CPT/HCPCS: \_\_\_\_\_ Quantity: \_\_\_\_\_ CPT/HCPCS Code: \_\_\_\_\_ Quantity: \_\_\_\_\_

**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.**