



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

MEDICAL NECESSITY DURATION REQUIRED

How long will this prior authorization be medically necessary?
(The shortest duration will be used if no selection is made.)

90 Days 180 Days 365 Days

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:

Blank lines for providing rationale for 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:

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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.