Arizona Priority Care

Prior Authorization Request Fax Form

For assistance, contact the Prior Authorization Department at: **Telephone (480) 499-8700 Ext. 8301**
Please complete the following in its entirety and fax to: **Fax (480) 499-8798** (or online at https://azconnect.azprioritycare.com/production)

Arizona Priority Care™
One Goal. One Priority. Your Healthcare.

PRIORITY (Required)		
☐	**STANDARD**	**Part B Drugs:** Up to 72 hours for processing **Service & Items:** Up to 14 calendar days for processing
☐	**EXPEDITED—Definition:** Applying the standard timeframe could seriously jeopardize the member's life or health or the member's ability to regain maximum function.	**Part B Drugs:** Up to 24 hours for processing **Service & Items:** Up to 72 hours for processing

MEDICAL NECESSITY DURATION (Required)
How long will this service be medically necessary?
(Without a specific selection, the shortest duration shall be utilized.)

☐ 90 Days	☐ 180 Days	☐ 365 Days

MEMBER/PATIENT INFORMATION (Required)

Patient/Member Name (First):	Last:	MI:
Mailing Address:	City:	Zip Code:
Phone Number:	Patient DOB (MM/DD/YY)	Member ID #:

REQUESTING PROVIDER (Required)

Provider Name:	Provider NPI: Group NPI:	Tax ID:
Location Address:	City:	Zip Code:
Contact Name:	Phone (please include extension)	Fax:

REFERRED TO PROVIDER (Required)

Provider Name:	Provider NPI: Group NPI:	Tax ID:
Location Address:	City:	Zip Code:
Contact Name:	Phone (please include extension)	Fax:

FACILITY: (If applicable)

Facility Name:	NPI: Tax ID:

PLACE OF SERVICE (check, if applicable)				
☐ Office	☐ Home	☐ Inpatient	☐ Outpatient	☐ ASC

CODES (Required)

ICD-10 Code(s):

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

MEDICATIONS (PART B DRUGS) (Required, If applicable)

ICD-10 Code(s):

Injectable Code(s):	Dosage:	Frequency:	Quantity:

CLINICAL DOCUMENTATION

Please include all necessary documentation to support medical necessity, such as pertinent patient history and physical examinations, physician consultation notes, laboratory results, imaging and procedure reports, progress notes, the discharge summary, and recent physical or occupational therapy evaluations. Submitting requests without the required clinical documentation could result in denial.

The Prior Authorization form can be found on our website: https://azprioritycare.com/for-providers/prior-authorization/ .

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