

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>)



PRIORITY (Required)

	STANDARD	Part B Drugs: Up to 72 hours for processing Service & Items: Up to 7 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 #:	

ORDERING PROVIDER (Required)

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

SERVICING PROVIDER (Required)

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

SERVICING 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.