



Medical Prior Authorization Request Form

Fax: 1-800-552-8633

Phone: 1-800-452-8633

***All Medical drug requests should be faxed to the Pharmacy at 1-877-535-1391**

All fields are REQUIRED. An incomplete request form will delay the authorization process

Standard Request

Standard Request/Quick Response; Process quickly due to date of Service/scheduling constraints

Pre-Scheduled date of Service

Auth Date needed by

Definition of Expedited/Urgent; Waiting for a decision under Standard timeframe:

- Could place the enrollee's life, health, safety (of member or others) or ability to regain maximum function in serious jeopardy.
- In the opinion on the practitioner, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Expedited Request

Physician Signature

Member Information			
Last Name:		First Name:	
ID # A	Date of Birth	Gender F <input type="checkbox"/>	M <input type="checkbox"/>
Requesting Provider Information (Primary Care or Specialist)			
Name	Provider # or Tax ID	NPI	
Telephone/Ext	Fax	Contact Person	
Service Provider or Facility (e.g., Hospital, Surgery Center, DME provider etc.)			
For Non-Par providers, please include: Name, Address, Tax ID, NPI, Phone /Fax Numbers & Contact Person.			
Name	Provider # or Tax ID	NPI	
Telephone/Ext	Fax	Contact Person	
Requested Service - Please Include supporting chart notes, Diagnostic tests & Lab Values when appropriate.			
<input type="checkbox"/> Pre-auth for In Patient Admission	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Specialty Lab	<input type="checkbox"/> Transplant
<input type="checkbox"/> Out Patient Surgery	<input type="checkbox"/> Pain Management	<input type="checkbox"/> In Office	<input type="checkbox"/> Out of Network
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Clinical Trial			
Diagnosis: ICD Code and Description			
Code	Code	Code	
Description	Description	Description	
Procedure: CPT Code/HCPCS and Description *All Medical Drug codes Fax to 1-877-535-1391			
Code	Description		
Code	Description		
Code	Description		
Provide additional information or changes to be made to an existing authorization below:			

AN AUTHORIZATION DOES NOT GUARANTEE COVERAGE AND DOES NOT SUPERSEDE ANY MEMBER BENEFIT LIMITS

January 1, 2026