Prior Authorization Request

Chart Notes Required



Please fax this request to: 503-574-6464 or 800-989-7479 Please call our PA department if you have any questions at: 503-574-6400 or 800-638-0449

Member Information	
Last Name:	First Name:
ID #:	DOB:
Address:	
Provider Information	
Primary Care Physician (PCP):	
Requesting Provider:	TIN#:
Address:	NPI#:
Servicing Provider:	TIN#:
Address:	NPI#:
Servicing Facility:	TIN#:
Address:	NPI#:
Request Information	
ICD-10 Code(s):	
CPT Code(s):	
Requested Services: Office Visits, # of visits: Surgery Diagnostic Facility Auth Only	Type of Service: ☐ Inpatient ☐ Outpatient Surgery ☐ Office Surgery ☐ Outpatient Diagnostics ☐ ASC
DOS:	Date Span Requested:
Comments:	
REQUIRED Contact Information:	
Name:	Phone #:
Fax #:	Total # of pages faxed, including cover page:
☐ In-Network Benefits being requested	□ PLEASE EXPEDITE! The provider believes that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy (CMS definition)

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May 12, 2016