

Fax: (844) 424-3976

Phone: (602) 586-1841

(800) 564-5465

Therapy & Home Health Prior Authorization Standard Request Form

Requesting Provider Fax Number: _____

Date of Request: _____

Total Number of pages _____

**PLEASE NOTE: Processing time for a Standard Authorization Request is 14 Calendar Days.
For urgent requests, please call 800-564-5465 to submit an authorization.
This will ensure optimal processing times.**

Member Information

Member Name: _____ Member ID #: _____ DOB: _____

Other Insurance: Yes No If yes, please specify: _____ Phone #: _____

Ordering Physician Information

Physician Name _____ TIN/NPI#: _____

Address: _____ Phone #: _____

Request completed by: _____ Fax Number: _____

Servicing Provider/Facility Information

Servicing Provider/Facility Name _____ TIN/NPI#: _____

Address: _____ Phone #: _____ Fax #: _____

Diagnosis Code(s): _____ CPT Codes _____

New Out-Patient Service Request

Out Patient Therapy

Home Health

PT EVAL Number of follow up Visits _____ Duration _____

OT EVAL Number of follow up Visits _____ Duration _____

ST EVAL Number of follow up Visits _____ Duration _____

SNV EVAL Number of follow up Visits _____ Duration _____

Existing Out-Patient Service Request

Out Patient Therapy

Home Health

Authorization Number: _____ Date of Most Recent Visit: _____

Date Scheduled for Final Visit: _____

Please include supporting documents which might include: Physician Notes Valid Prescription

IMPORTANT: To prevent delays in processing time, please provide completed documentation specific to this request. Failure to do so may impact the final determination for this authorization.

Authorization does not guarantee payment. All authorizations are subject to member eligibility on the date of service. If member is determined ineligible, the member may be responsible for these services. To ensure proper payment for services rendered, referral provider/facility must verify eligibility on the date of service. Verify benefit coverage in the benefit matrix located in the Member Handbook.