

Medical Referral & Prior Authorization Form

FAX: 1-855-432-2494 or 480-800-6703

Phone: 1-855-452-4242

To ensure a timely response, please fill out the form completely and legibly.

Prior Authorization decisions are made within 14 calendar days for standard and 72 hours for expedited requests.



Please check the corresponding box to your request: Referral Prior Authorization

Member Name (Last, First)	Member ID#	DOB	Date
Requesting Provider Name	TIN#	NPI#:	PCP (if different)
Office Contact Person	Direct Phone #	Fax #	
Diagnosis 1 (include ICD-10)	Diagnosis 2	Diagnosis 3	

Please send all pertinent clinical documentation with this fax.

- Standard prior authorization requests completed within 14 days
- Expedited prior authorization requests completed within 72 hours

Contracted Provider Name	Specialty	Phone Number	Fax Number
Contracted Facility	Address	NPI Number	
Name of Procedure/Service Requested			
CPT Codes Requested			

Please check if this request is for continuity of care.

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