



# Prior Authorization Request Form Medical Services and DME Supplies

Instructions: \* Indicates required information – Form may be returned if required information is not provided.  
Please fax this request to the appropriate fax number listed at the bottom of the page.

<input type="checkbox"/>	Standard Review: (Attach supporting documentation).
<input type="checkbox"/>	Expedited Review: <b>If standard timeframe could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.</b> (Attach supporting documentation)

*Please Note: Retroactive requests need to be submitted as a claim*

## Requestor Information

\*Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Provider/Clinic Name: \_\_\_\_\_ \*Fax: \_\_\_\_\_

## Member Information

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_ \*DOB: \_\_\_\_\_

## Requesting Provider Information

\*Name: \_\_\_\_\_ MD FNP DO NP PA \*Phone: \_\_\_\_\_

\*Fax: \_\_\_\_\_ \*NPI: \_\_\_\_\_

Appointment is scheduled for: \_\_\_\_\_

## Delivering Provider / Facility Information

\*Name: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

\*NPI: \_\_\_\_\_ Phone: \_\_\_\_\_

## Procedure / Service / Item Information

CPT/HCPC & Modifier	Description	Quantity	Start Date	End Date

**Surgery Information** Outpatient Hospital or ASC Inpatient: Yes No Date: \_\_\_\_\_

**Other important information:** \_\_\_\_\_

<b>Fax completed forms with supporting documentation to the appropriate county fax number below:</b>				
Klamath: 1-541-205-4710	Jackson & Josephine 1-866-500-8773			
Douglas, Lane, Yamhill, Marion, Polk, Clackamas, Washington, and Multnomah Counties				
<b>SNF &amp; Hospital 1-503-485-3220, Prior Authorizations 1-503-581-7422</b>				
<b>HOME HEALTH requests go to tango: Fax: (877) 612-7066 Portal: <a href="https://referralrequest.com">https://referralrequest.com</a></b>				

**THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.**

For questions or assistance, please contact Customer Service at **1-877-672-8620** (TTY 711),  
daily from 8 a.m. to 8 p.m. local time.