

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.

Standard Review: (Attach supporting documentation).
Expedited Review: If standard timeframe could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function. (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			· · · · · · · · · · · · · · · · · · ·		
*Fax: *Address:							
Appointment is scheduled for:							
Delivering Provider / Facility Information							
*Name: ICD-10 Code(s):							
*Address: Phone:							
Procedure / Service / Item Information							
CPT/HCPC & Description			Quantity	Start Date	End Date		
Surgery	□Outpatient Hospital or □ASC						
Information	Date:			Discharge Date:			
Other important information:							
Eax completed forms with supporting documentation to the appropriate county fax number below							

Fax completed forms with supporting documentation to the appropriate county fax number below:Douglas County: 1-541-672-4318Klamath County: 1-541-882-6914Marion and Polk Counties : SNF & Hospital 1-503-485-3220, other Prior Authorizations 1-503-581-7422Jackson, Josephine, Clackamas, Multnomah, Lane, Washington, and Yamhill Counties: 866-500-8773

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.