ATRIO HEALTH PLANS

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 *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:_____				

Fax completed forms with supporting documentation to the appropriate county fax number below:

Klamath: 1-541-205-4710	Jackson & Josephine with Asante PCP & ALL Nevada counties: 1-866-500-8773
Douglas, Lane, Yamhill, Marion, Polk, Clackamas, Washington, and Multnomah Counties As well as Jackson and Josephine Counties members with a **non- Asante PCP** SNF & Hospital 1-503-485-3220, all other Prior Authorizations 1-503-581-7422	

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.