

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 Person completing form: *Phone: *Date: *Provider/Clinic Name: **Member Information** *Name: *ID#: *DOB: Requesting Provider Information □MD □FNP □DO □NP □PA *Phone:_____ *Name: *Fax:__ *NPI: Appointment is scheduled for: **Delivering Provider / Facility Information** ICD-10 Code(s): *Name: *NPI: Phone: **Procedure / Service / Item Information** CPT/HCPC & **Description** Quantity **Start Date End Date** Modifier Surgery □ Outpatient Hospital or □ ASC Inpatient: □Yes □No Date: Information Other important information: Fax completed forms with supporting documentation to the appropriate county fax number below: Jackson & Josephine: 1-866-500-8773 Klamath: 1-541-882-6914 *Asante PCP or if PCP is unknown 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.