



# 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: 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: \_\_\_\_\_ \*Address: \_\_\_\_\_  
 Appointment is scheduled for: \_\_\_\_\_

### Delivering Provider / Facility Information

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

### Procedure / Service / Item Information

CPT/HCPC & Modifier	Description	Quantity	Start Date	End Date
<b>Surgery Information</b>	<input type="checkbox"/> Outpatient Hospital or <input type="checkbox"/> ASC		Inpatient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date: _____	Admit Date: _____	Discharge Date: _____	
<b>Other important information:</b> _____				

<b>Fax completed forms with supporting documentation to the appropriate county fax number below:</b>		
Douglas: 1-541-672-4318	Klamath: 1-541-882-6914	Jackson & Josephine: 1-866-500-8773
Marion & Polk: SNF & Hospital 1-503-485-3220, 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.