mercy care advantage HMO SNP

Phone: 602-586-1730 or 1-877-436-5288

Fax: 800-217-9345

Prior Authorization Standard Request Form

(Do not use this form for DME, Home Health, Therapy, ECT, Psychological Testing, or for any Inpatient Behavioral Health Services)

Request completed by: Phone #:

Date of Request:

Total Number of Pages:

Important Note: Standard prior authorization requests are processed within 14 calendar days of receipt. For urgent prior authorization requests please call 1-877-436-5288 to ensure optimal processing time.

Member Information

Member Name: Member ID #: DOB:

Other Insurance: Yes ☐ No ☐ If yes, please specify: Phone #:

Ordering Physician Information

Physician Name: TIN/NPI #:

Address:

Phone #: Fax Number:

Contact Person:

Servicing Provider/Facility Information

Servicing Provider/Facility Name: TIN/NPI #:

Address: Phone #: Fax #:

Diagnosis Code(s):

CPT Code(s):

Clinical Rationale for service request:

Patient History

Other Exams:

Significant Signs and Symptoms:

Duration of Symptoms:

Other Treatments Performed:

Please include supporting document which might include:

Physician Notes ☐ **Other** ☐ **Lab Results** ☐ **Specialist Consult Notes** ☐ **Diagnostic Tests** ☐

Radiology Results ☐ **Assessments** ☐ **Medication Lists** ☐

Important: To prevent delays in processing time, please provide completed documentation specific to this request. Failure to do so may impact the final determination for this authorization.

***Authorization does not guarantee payment. All authorizations are subject to member eligibility on the date of service. If member is determined ineligible, the member may be responsible for these services. To ensure proper payment for services rendered, referral provider/facility must verify eligibility on the date of service. Verify benefit coverage at* www.MercyCareAZ.org.**

Updated March 2022