Aenta Medicaid Administrators LLC
4350 E Cotton Center Boulevard
Building D
Phoenix, AZ 85040
Phone: (602) 798-2745 or (888) 836-8147
Fax: (800) 573-4165

PRIOR AUTHORIZATION FOR FAMILY PLANNING SERVICES

Physician: _____ Date_____

Phone: (_____) _____Fax: (_____) _____

Office Address: _____

Name of Person Completing Form: _____

Member Name: _____

ID #: _____ DOB: _____

PA Requested For: _____
(Procedure)

DX Code: _____ CPT Code: _____

Date Procedure is Scheduled: _____

Place Procedure is Scheduled: _____

Phone: (_____) _____Facility Fax: (_____) _____

Comments:_____

_____

_____

_____

(All Sterilization require a COMPLETED, signed and dated, consent form)

_____

Authorization does not guarantee payment. Authorization is subject to member eligibility on date of service. If member is determined to be ineligible on date of service, 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.