



mercy care

Phone: 602-263-3000 or 800-624-3879

Fax: 800-217-9345

For urgent outpatient service please call us

Prior Authorization Standard Request Form

Date of Request:

Total # Pages Provided:

Requestor Information

Name:	Phone #	Fax #:
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Member Information

Name:	Member ID:
DOB:	Phone #:
<input type="checkbox"/> HB2442 Jacob's Law Request	Enrollment:

Request Type:

Non Urgent:	Urgent:	Reason for Urgency:
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Note: An urgent request is a request for medical care or services where application of the timeframe for making routine or non-life threatening care determination could seriously jeopardize the life of the member or the member's ability to regain maximum function.

Ordering Provider Information

Name:		
Address:		
TIN/NPI:	Phone #:	Fax #:
Contact Name:	Phone #:	

Servicing Provider/Facility Information

Name:		
Address:		
TIN/NPI:	Phone #:	Fax #:
Contact Name:	Phone #:	

Services Requested and Supporting Diagnoses Information

CPT Code (s):
Diagnosis Code (s):
Clinical Reason for Request:

Please include supporting documents which might include:

Physician Notes	Other	Lab Results	Specialist 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. You may verify eligibility through our Mercy Care Secure Web Portal located in the top central portion of our Mercy Care website at <https://www.mercycareaz.org/>.

**In-network and out-of-network providers who treat our Mercy Care Advantage (MCA) dual-eligible enrollees must complete the MCA Model of Care training and submit the required attestation annually. [MCA Model of Care Training and Attestation](#)