

MEDICAL PRIOR AUTHORIZATION REQUEST



Fax the completed form to: North Florida Market (800) 929-5842 & Central/South Florida Markets (800) 528-2705
 or call (888) 853-2629 for Summit/Advantra & (800) 447-3725 for Medicaid, Healthy Kids, Medicare, Commercial

Priority:	<input type="checkbox"/> Stat (24 hours) <input type="checkbox"/> Urgent Emergent (72 hours) <input type="checkbox"/> Routine Request (4-14 days)
Product:	<input type="checkbox"/> Commercial/Individual <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids

Provider Information	Patient Information
Name:	Name:
Address:	Member ID:
City, Zip Code:	DOB:
Phone:	Date of Request:
Fax: <i>(Required to process authorization)</i>	
Contact Person:	

SERVICE REQUESTED: Fax Clinical / Plan of Treatment for Request

Service Requested:	DOS:
Diagnosis:	* ICD – 9 Code(s): <i>(Required to process authorization)</i>
CPT Code(s): <i>(Required to process authorization)</i>	Phone Number:

Provider / Facility:

Address:

City, Zip Code:

Procedure:

Inpatient Surgery _____ Outpatient Surgery _____ Other _____

CLINICAL INFORMATION WITH SUPPORTING DOCUMENT(S) *(Required to process authorization)*

Primary Care Physician Signature: _____

SERVICE PROVIDER INSTRUCTIONS

- | All fields in form MUST be completed for your authorization to be processed
- | Authorization is not a guarantee of payment
- | Verify member eligibility and benefits prior to rendering service
- | Submit claim to the address on the member's ID card
- | Specialty network physicians should follow network guidelines

AUTHORIZATION APPROVAL *(To be completed by the plan)*

Authorization # :	Date Issued:
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