



Kaiser Permanente Colorado Prior Authorization Request Form
 Please use a Fax Cover Sheet when faxing to Kaiser Permanente

Southern Colorado:

- *Routine Referrals: Fax to 866-529-0934
- *Urgent Referrals (Services expected to be provided within 72 hours): Fax to 866-529-0934

Denver and Northern Colorado:

- *Routine Referrals: Fax to 877-685-6272
- *Urgent Referrals (Services expected to be provided within 72 hours): Fax to 877-685-6272

For preauthorization questions please call: 1-877-895-2705

*Date: _____
 *Patient KP #: _____ *Patient Phone #: _____ *DOB: _____
 *Patient Last Name: _____ *Patient First Name: _____

 *(Address) *(City) *(State) *(Zip)
 PCP: _____ PCP Phone #: _____

**Please include relevant clinical information with the Prior "Authorization Request Form."*

Referred By		Referred To / Requested Service		
*Referring Physician:		*Physician:		
*Specialty:		*Specialty:		
*Phone		*Phone:		
Fax		Fax:		
*Form Completed By:		*Place of Service:		
*Preliminary Diagnosis:		Phone:	Fax:	
*ICD Codes:		Inpatient <input type="checkbox"/>	Outpatient <input type="checkbox"/>	
		*CPT/HCPC	*Quantity/ #of Visits	*Procedure / Description
		1:		
		2:		
*Transplant related Services <input type="checkbox"/>		3:		
Out of Service Area Prior <input type="checkbox"/>		4:		
Indication for Out of Service Area Request:		5:		
		*Expected Date of Service:		
		Fax authorization request to:		

***Required Information Please do not use abbreviations or acronyms**