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:	¨ Stat (24 hours) ¨ Urgent Emergent (72 hours) ¨ Routine Request (4-14 days)
Product:	¨ Commercial/Individual ¨ Medicare ¨ Medicaid ¨ Healthy Kids

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

SERVICE REQUESTED: Fax Clinical / Plan of Treatment for Request

Service Requested:	DOS:
Diagnosis:	* ICD – 9 Code(s): *(Required to process authorization)*
CPT Code(s): *(Required to process authorization)*	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: