

# Prior Authorization Request Form



**Please submit your request via fax or phone:**

Referrals and Authorization Department

Phone: 1-888-477-4663

Fax: 1-315-870-7788

TOMORROW'S HEALTHCARE TODAY

**With your submitted form, please attach supporting clinical documentation**

- Incomplete forms and requests without clinical information will delay processing
- A Prior Authorization is not a guarantee of payment; Payment is subject to member eligibility and benefits at the time of service
- Please allow 14 days for processing

Provider Pre-Service Organization Determination (check only if requesting pre-service determination for a Part C Medicare Advantage beneficiary)

ORDERING PROVIDER INFORMATION					
First Name:		Last Name:		Contact Phone #:	Contact Fax #:
Contact Person at this office:		<input type="checkbox"/> Ordering provider is PCP PCP's Clinic Name:		<input type="checkbox"/> Ordering provider is Specialist Speciality:	
PATIENT INFORMATION					
First Name:		Last Name:		MI:	Date of Birth:
Member ID:		ICD 10 Codes:			
SERVICE PROVIDED BY					
First Name:		Last Name:		Address:	
<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	Tax ID:	Specialty:	Contact Phone #:	Contact Fax #:	
	NPI:				
Facility Name:			Address:		
<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	Tax ID:	Specialty:	Contact Phone #:	Contact Fax #:	
	NPI:				
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		Please indicate <b>CLINICAL</b> urgency of request: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent			
Diagnosis: Primary: Code (_____) Description: _____ Secondary: Code (_____) Description: _____				Date of Service:	
Services being requested:				<input type="checkbox"/> New request <input type="checkbox"/> Extension	
CPT /HCPCS #1 _____		Description: _____		Request*	
CPT /HCPCS #2 _____		Description: _____		# Visits: _____ Duration: _____	
CPT /HCPCS #3 _____		Description: _____		*Last Date of service if an extension _____	