

ALL FIELDS MUST BE COMPLETED AND CLINICAL RECORDS INCLUDED WITH THIS FORM IN ORDER TO PROCESS THE REQUEST.

Once completed, fax the form to one of the following numbers:

OUTPATIENT FAX: 303-602-2128

INPATIENT FAX: 303-602-2127

REQUEST PRIORITY (choose one):

Standard

Retrospective

Inpatient

Medicare Standard Part B Drugs Turn Around Time: 72 hours

Medicare Expedited Part B Drugs Turn Around Time: 24 hours

FOR URGENT/EXPEDITED - FAX: 303-602-2160

CHECK BELOW TO ATTEST THAT THE MEMBER'S CONDITION MEETS ONE OF THE FOLLOWING:

Note: Urgent/Expedited requests may be downgraded to standard if it does not meet at least one of the criteria below.

Seriously jeopardize the life or health of the member

Seriously jeopardize the enrollee's ability to attain, maintain or regain maximum function

Condition subjects the person to uncontrolled pain

Is this prior authorization request for Part B Drug, Medical Injectable, Infusion, J HCPCS code?

Yes

No

MEMBER INFORMATION:

Name (Last, First, Middle Initial)

Member DOB (MM/DD/YY)

Member ID #

Member's Primary Care Physician

Member Gender: Male

Female

Is this for a Hospital Discharge need?: Yes

No

ORDERING/REQUESTING PROVIDER INFORMATION:

Provider Name

Contact at Provider Office

Requesting Facility

Provider NPI #

Provider Phone #

Provider Fax #

INFORMATION OF PROVIDER OR FACILITY WHERE SERVICE WILL BE PERFORMED:

Provider Name

Type of Provider/Specialty

Facility Name

Provider NPI #

Provider Phone #

Provider Fax #

Provider TIN #

Contact at Servicing Provider

Requested Services:

Inpatient Service

Outpatient Service

ICD 10 Codes:

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All column fields must be completed. DO NOT LEAVE BLANK.

Description of Requested Service	CPT/HCPCS Code	Start Date	End Date	Units