

**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 <input type="radio"/> Female <input type="radio"/>	

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	Facility NPI #
Requested Services: Inpatient Service <input type="radio"/> Outpatient Service <input type="radio"/>		

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