



Advanced Health
289 LaClair St, Coos Bay, OR 97420
Voice: 541-269-7400 • 800-264-0014
Fax: 541-269-7147 • TTY: 877-769-7400

Physician Authorization Request

\*\*STAT requests should be submitted for urgent conditions related to the members' health. A retro request is not a stat request. Approval will expire in 72 hours per Advanced Health policy.
Is this a STAT request: [ ] Yes [ ] No

• Fax Completed Form and chart notes to 541-269-7147 \*PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED\*

Member's primary health insurance: Advanced Health OHP Dual Eligible (has Medicare and Advanced Health OHP)

Member Name: ID #: DOB: / /

Requesting Provider: PCP [ ] Specialist [ ] Other [ ]

Provider's Phone Number: Provider's Fax Number:

PRIMARY ICD-10 Code: Other Related ICD-10 Codes:

Is this a retro-active request: [ ] Yes [ ] No If "Yes", enter the date of service: / /

\*\*You must attach chart notes/operative report from that date.

REFERRALS:

Specialist Name: Number of visits requested:

Specialist Address:

Specialist Phone Number: Specialist Fax Number:

SURGERY/THERAPEUTIC PROCEDURE: \*\*\*Sleep Study requests require an overnight oximetry report\*\*\*

Members must be smoke-free for 4 weeks prior to most non-emergent surgeries. Date Member stopped smoking: / / (Refer to Ancillary Guideline A4 on the Prioritized List for details and exceptions)

Submit results from one of the following: [ ] Urine Cotinine [ ] Anabasine or anatabine [ ] Exhaled Carbon Monoxide

CPT/HCPCS Code(s) for procedure/service:

Service / Procedure Location: [ ] Provider Office [ ] Ambulatory Surgery [ ] Outpatient Hospital [ ] Inpatient Hospital

Facility Name:

Comments:

Person Completing Form:

Signature of Requesting Provider:

Date: / /

Disclaimer: Prior Authorization does not guarantee payment. Criteria is based on member eligibility on date of service, contract terms, and compliance with OAR rules, regulations and policies of CMS and Advanced Health.