



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

**Expedited Request: By selecting expedited request, you are implying that following a standard timeframe could seriously jeopardize this members' life or health. (A retro request is not an expedited request)
Is this an Expedited request: Yes No

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

Check box if member has Special Healthcare Needs (SHCN)

Member Name: Medicaid ID #: DOB:
Requesting Provider: PCP Specialist Other
Requesting Provider NPI#:
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:
Specialist NPI#: Name of Facility:

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 Anabesine 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:
Contact Person: Phone: Fax:
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.