



Advanced Health
 289 LaClair St, Coos Bay, OR 97420
 Voice: 541-269-7400 • 800-264-0014
 Fax: 541-269-7147
 TTY: 711 or 800-735-1232

Infusion Service Authorization Request

• For questions call: 541-269-7400 • Fax Completed Form and Records to 541-269-7147•
****PLEASE NOTE: INCOMPLETE FORMS WILL BE CANCELLED AS INVALID AUTHORIZATION****

Member Name: _____
 Requesting Provider: _____
 Requesting Provider NPI#: _____
 Phone #: _____
 Prescribing MD: _____
 Prescribing MD NPI#: _____
 Requested Dates: ___/___/___ to ___/___/___
 ICD-10 Code(s): _____ (*Required)

Plan ID #: _____ DOB: ___/___/___
 Contact Name: _____
 Fax #: _____
 Initial Service Renewal
 Re-Evaluation Date: ___/___/___
 Place of Service (Facility): _____
 Place of Service NPI: _____
(*Place of Service and Place of Service NPI are REQUIRED)

Type of Service Requested	Prescribed Therapy/Services and Order	J Code Requested	Units Requested
TPN/Parenteral Nutrition			
Chemotherapy			
Pentamidine			
Antivirals			
Antibiotics			
Nursing Services (list codes)			
Equipment (list codes)			

Frequency of Service:

Continuous Daily Hours/Doses per day: _____

Signature of Requesting Provider: _____ Date: ___/___/___

Disclaimer: Prior Authorization does not assure payment, which also depends on patient eligibility on date of service, contract terms, and compliance with rules, regulations and policies of DMAP, Medicare, and Advanced Health as applicable.