

Advanced Health

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PRIOR AUTHORIZATION FORM

Fax: (541) 269-7147

Email: Authorizations@advancedhealth.com

Stand		OKTING DOCK				O BE SUBMITTED WITH A	LL KEC	QUE313		Expedited
Standard – 14 days Skilled Nursing Facility - 2 business days Fields listed below in RED are required fields. Failure to provide the required information may cause a delay in authorizations, or request to be cancelled/returned.			Retroactive Retroactive - Cannot be considered for STAT/EXPEDITED review Requested Date of Service: Was a claim already submitted and denied for no PA? Yes STOP Follow Claims Appeal Process No Please select reason for retro request: Insurance change (office unaware) Emergency (documentation must support) Other; please include all relevant documentation to support.				Expedite – 72 hours (member's health is at immediate risk, i.e. loss of life, limb, or eyesight). **A routine appointment/treatment is not a valid expedited request, even if scheduled within a short time** Expedited Justification (Required):			
SHCN Member Information										
First name: Last name:						DOB: ID:				
	ation									
Name:	Clinic/Office					Phone: +Ext. Fax:				Fax:
Referring Provider Information										
Name:						Phone:				Fax:
NPI: Address:				Credentials: MD DO			Other:			
						Relation to Member:	F	PCP		Other:
(check if same as above	provider)		Serv	icing Pro	ovider In	formation				
Name:						Phone:				Fax:
NPI: Address:						Credentials: MD DO Other:				
						Quantity of visits for referral requests:				
Procedure/S Name + NPI: Network Status In-Network Out-of-Network (**Requires docum for reason to be second	ice r Office ory Surgery Center (ASC) ent nt (Hospital)			<u>Disclaimer</u> : 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. ***Prior Authorization submissions that are incomplete, missing documentation, etc. may be cancelled and returned to the requesting facility.						
ICD-10 Diagnosis Code(s)										
Primary: Secondary:										
						age if necessary)				
CPT/HCPC	Modifiers	Dose	e/QTY	Additio	nal Info (C	Optional): descriptions, ext	ra CPT	codes,	etc.	
				·						
										
										