

Medical Prior Authorization Request Form

Fax PA Request and chart notes to:
Passport Advantage
Attn: UM Department
Fax: 1-844-602-4629

Before submitting your request, please verify eligibility and benefits with Member Services at 1-844-859-6152.

INCOMPLETE FORMS AND REQUESTS WITHOUT CLINICAL INFORMATION WILL DELAY PROCESSING.

ORDERING PROVIDER INFORMATION

Ordering Provider (Print first and last name)	Contact person at this office	Phone # of Ordering Provider	Fax # of Ordering Provider
Ordering provider is PCP. PCP's Clinic name:			
Ordering provider is Specialist. Specialty:			
If non-participating, do you have a referral on file: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, this request will be returned)			

PATIENT INFORMATION

Name (print first and last name)	Date of Birth	Health Plan Member ID	Plan/Program [INSERT PLAN 1] [INSERT PLAN 2] [INSERT PLAN 3] [INSERT PLAN 4] [INSERT PLAN 5] [INSERT PLAN 6] [INSERT PLAN 7]
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SERVICE PROVIDED BY: (for example, Specialist, DME company, Home Health agency, Therapist, etc.)

Please Check **Clinical** Urgency of request: Routine Urgent

Who will provide the service: Name: NPI#: Address: <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	Specialty	Contact Telephone #	Contact Fax #
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Who will be the FACILITY provider: Name(full name): NPI#: Address: <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Contact Telephone #	Contact Fax #
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Diagnosis Primary: Code (_____) Name: Secondary: Code (_____) Name:	New Request # Visits _____ *Last date of service if an extension: _____	Extension Request* Duration: _____
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Describe services being requested: CPT /HCPCS #1_ _____ Description: _____ CPT /HCPCS #2_ Description: _____ Description: _____ CPT /HCPCS #3_ Description: _____ Description: _____	Planned Date of Service: <i>Please submit supporting clinical documentation and doctor's orders with this request.</i>
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TO CHECK ON THE STATUS OF YOUR REQUEST, PLEASE CALL THE UM DEPARTMENT: 1-866-813-1721

Payment is subject to member eligibility and benefits at the time of service; a prior-authorization is not a guarantee of payment.