

COSMETIC AUTHORIZATION FORM

PAD FAX: 888-367-7480 PAD PHONE: 844-865-7864

Date: _____ Auth #: _____

Fax to: **888-367-7480** Attn: **PAD Home Health**

ROUTINE REQUEST URGENT / EXPEDITED REQUEST

URGENT / EXPEDITED- if waiting under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. **For Urgent / Expedited requests you may call: 844-865-7864**

PLEASE COMPLETE THIS FORM AND ATTACH TO ALL COSMETIC REQUESTS.

For dates of service change only, check mark box and complete asterisks ** only

MEMBER INFORMATION

MEMBER'S NAME ** _____

PAD ID ** _____ MEMBER'S DOB _____

PROVIDER INFORMATION

ORDERING MD _____

PROVIDER / MD CONTACT ** _____ CONTACT PHONE # ** _____

PROVIDER MD FAX ** _____

INPATIENT OUTPATIENT 23 HOUR OBSERVATION

FACILITY _____

CLINICAL INFORMATION

DATE OF SERVICE ** _____

DIAGNOSIS _____

CPT CODE WITH DESCRIPTION _____

PREVIOUS ASSOCIATED SURGERIES _____

CLINICAL SUMMARY: _____

If photos are required, request must be mailed to:

Passport Advantage
Attention PAD Cosmetics
5100 Commerce Crossing
Louisville, KY 40229

Passport Advantage | 5100 Commerce Crossings Drive | Louisville, KY 40229

Prior authorization is required to verify whether the services are medically necessary. Approval for specific services does not indicate or imply the service is a covered benefit. Coverage is determined by the member's benefit plan, the provider or facility's eligibility for payment, claim processing requirements, and the provider or facility's participation agreement with Passport Advantage.