

# HOME INFUSION 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**

## MEMBER INFORMATION

MEMBER'S NAME \_\_\_\_\_

PAD ID \_\_\_\_\_ MEMBER'S DOB \_\_\_\_\_

## PROVIDER INFORMATION

ORDERING MD \_\_\_\_\_

PROVIDER ID \_\_\_\_\_ PROVIDER CONTACT \_\_\_\_\_

REQUESTING PROVIDER \_\_\_\_\_

PROVIDER PHONE \_\_\_\_\_ PROVIDER FAX \_\_\_\_\_

## CLINICAL INFORMATION

INITIAL REQUEST?  YES  NO

IF NO: NUMBER OF VISITS TO DATE: \_\_\_\_\_ DATE OF LAST VISIT: \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

DIAGNOSIS ICD 9 CODE \_\_\_\_\_

INFUSION THERAPY REQUESTED WITH DATES OF SERVICE \_\_\_\_\_

CLINICAL SUMMARY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.