MEDICAL SERVICE and BEHAVIORAL HEALTH
Prior Authorization Form

FAX: 1-877-HCA-8120 (1-877-422-8120)
www.HealthChoiceAZ.com

Ordering Providers are required to send medical documentation supporting the requested service.

Member Name (Last, First)	Member ID#	DOB	Date of Request
Ordering Provider Name and Address	NPI#	TIN#	
Office Contact Person	Direct Phone #	Fax#	
Diagnosis 1 (ICD-10 code)	Diagnosis 2 (ICD-10 code)	Diagnosis 3 (ICD-10 code)	

- **STANDARD** (up to 14 calendar days) ... No Signature Required.
- **EXPEDITED** (up to 72 hours) ... **By signing below, you are requesting expedited processing and that the request fits into one of the two categories below.**
  - **Processing within the standard timeframe will jeopardize the life or health of the member and impact ability to regain maximum function.**
  - **Processing within the standard timeframe will cause a barrier to transition of care**

Therefore, you are certifying, as the ordering provider, that applying the standard review time frame may seriously jeopardize the member's life, health, or ability to regain maximum function.

Ordering Provider Signature	Date

☐ Inpatient ☐ ASC ☐ Outpatient ☐ Office	Specialist Name (Last, First)		Speciality	
Name of Facility/Office			Date of Service	
Address	NPI#	TIN#	Phone #	
Name of Service/Item		CPT/HCPC _______ _______# of visits/units	CPT/HCPC _______ _______# of visits/units	CPT/HCPC _______ _______# of visits/units

CPT/HCPC _______ _______# of visits/units	CPT/HCPC _______ _______# of visits/units	CPT/HCPC _______ _______# of visits/units	CPT/HCPC _______ _______# of visits/units	CPT/HCPC _______ _______# of visits/units	CPT/HCPC _______ _______# of visits/units

PLEASE NOTE - ALL IMAGING SERVICES requiring Prior Authorization should be directed to the Health Choice ArizonaRadiology Benefits Manager **eviCore** (Phone 1-888-693-3211) per the Prior Authorization Manual.

Medication Request for Administration for Physician Office Administration

Name of Medication (and J-code)	Dosage	Quantity/Amount	Refills (<12)
Sig/Instructions	Please choose one: ☐ Buy and Bill ☐ CVS Specialty Pharmacy		
List Medications Tried/When			
List Medications Contraindicated/Reason			
Provider Signature		Date	

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