Medical Prior Authorization Form

Fax Form To: 888 647-6152

PriorityHealth
THINK SMART. LIVE SMART.

Clear Form

Prior to completion, please review the list of specialty prior authorization forms available on our website.

Date:_____ ☐ ***Provider Pre-service Organization Determination**

***Check only if requesting a pre-service determination for a Part C Medicare Advantage beneficiary**

****See important message below if requesting services for a Medicaid Plan member**

Member:

Last name: _____ First name: _____

Priority Health ID #:_____ Date of birth:_____

Reason for Referral:

☐ **Non-participating Priority Health Provider** ☐ **Outpatient** ☐ **Transplant Related**

☐ **Elective Procedure** ☐ **Inpatient**

Diagnosis:_____ Diagnosis code(s):_____

Treatment/testing:_____ Procedure code(s): _____

Date of visit/procedure: _____ Number of visits: _____

Requested By:

Provider name:_____ Phone:_____Fax:_____

Provider tax ID (required): _____ Specialty:_____

Address: _____ Contact name: _____

Directed To:

Provider name:_____ **Facility**:_____

Provider tax ID (required): _____ **Facility tax ID (required)**:_____

Address: _____ Address:_____

_____ _____

Provider phone: _____ Fax: _____ Facility phone:_____Fax:_____

Contact name: _____ Contact name: _____

For Inpatient Admissions:

Date of admission: _____ UR phone:_____UR fax:_____

Form completed by: _____ Phone:_____

Additional Information (i.e. what participating provider(s) has the member already seen if Out of Network request?):

_____

_____

_____

To facilitate prompt and accurate processing, the information above must be complete and all supporting clinical documentation related to this request MUST be submitted with this form.

****In order to receive payment from any Medicaid program, new federal regulation requires that those providing services to a Medicaid beneficiary must enroll in CHAMPS (Community Health Automated Medicaid Processing System) to receive reimbursement. For more information, go to: https://milogintp.michigan.gov Contact the Medicaid Provider Helpline 1-800-292-2550**

08/2020

Print