PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Request date: _____

Prior Authorization Request Form

Prior Authorization Fax: (505) 843-3047 / Inpatient Admission Fax: (505) 843-3107 / UNM Fax: (505) 843-3108 / Transplant Fax: (505) 843-3110

☐ **Routine**

☐ **Urgent or Expedited Initial Determination**

For a Prior Authorization request to be considered "Urgent" or "Expedited," check all that apply. Please note: Requests that do not meet this criteria may be processed as routine requests.

- ☐ The life or health of a covered person would be jeopardized.
- ☐ The covered person's ability to regain maximum function would be jeopardized.
- ☐ The medical exigencies of the case require an expedited decision.

Practitioner Signature: _____ **(Required for Urgent or Expedited requests)**

Complete the information below and attach all of the clinical information pertinent to the request.

Member name: _____ **ID number:** _____ **DOB:** _____

Contact person: _____ **Phone:** _____ **Fax:** _____

Requesting provider: _____ **Phone:** _____ **Fax:** _____

Servicing provider/facility: _____ **Phone:** _____ **Fax:** _____

Servicing provider/facility address: _____

Tax ID/NPI #: _____ _____

Services requested

☐ New/Initial request ☐ Ongoing care Previous authorization number: _____

☐ DME/Prosthetic/Orthotic ☐ Ambulatory/Outpatient surgery ☐ Office ☐ SNF ☐ Home birth

☐ Out-of-plan services ☐ Inpatient LOS: _____ Facility: _____

☐ MyPRES Provider Portal - Clinical information ☐ Prescription attached ☐ Clinical information attached

Diagnosis(es) (ICD-10) (Required): _____ _____ _____ _____ _____

Procedure(s) (CPT/HCPC) (Required): _____ _____ _____ _____ _____

Requested effective date: _____ **End date:** _____ **Number of visits/units:** _____

Symptoms and summary of previous treatment:

_____

_____

_____

For more information, please review the Prior Authorization at www.phs.org/providers/authorizations.

CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED. Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure of failure to maintain confidentiality could subject you to penalties described in federal and state law.