



# Prior Authorization Request Form

REQUEST

LINE OF BUSINESS

URGENT

ROUTINE

Mark ✓ or X

CAREADVANTAGE

MEDI-CAL

ACE

HEALTHWORX

Fax completed form to 650-829-2079.

Please type into PDF form and fill out all fields.

Today's Date: \_\_\_\_\_ MM-DD-YYYY

Is member currently in the hospital?      YES      NO      IF YES, FAX Facesheet to 650-829-2060

➤ Member Last Name: \_\_\_\_\_ First Name, M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Member ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

➤ Requesting Provider: \_\_\_\_\_ NPI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Office Contact: \_\_\_\_\_

➤ Servicing Provider (if needed): \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Primary Diagnosis Code: \_\_\_\_\_ Description: \_\_\_\_\_

Line No.	Procedure Code (CPT/HCPCS Code/Modifier if applicable)	Specific Services Requested	Units of Service (Days/Quantity)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Requested Service Dates FROM: \_\_\_\_\_ MM-DD-YYYY TO: \_\_\_\_\_ MM-DD-YYYY

Optional comments for medical justification. Requesting Provider please attach required medical records/supporting documents.

INPATIENT ONLY – LTC Required Information (Mark ✓ or X):

Transfer      Initial      Reauthorization      Bed Hold      Skilled Nursing      ICF-DD      Sub-Acute

To the best of my knowledge, the above information is true, accurate and complete, and the requested services are medically indicated and necessary to the health of the patient.

Signature of Physician or Provider

Title

Date MM-DD-YYYY

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 • TEL: 650-616-0050 • TTY: 1-800-735-2929

For authorization questions contact HPSM Health Services Ph 650-616-2070 • Fax 650-829-2079 • For Facesheets fax to 650-829-2060

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.

Version 5.0 January 2023