

Prior authorization request

Important! Not for retail pharmacy drug coverage.

Illegible or incomplete requests may be sent back for clarification or completion. All requests for authorization must be complete and include all information necessary to make medical-necessity decisions in a timely manner.

For assistance with completing this form, please call **541-768-5207** or **888-435-2396**.

Date of request: _____

Type of request				
<input type="checkbox"/> Standard		<input type="checkbox"/> Expedited – Response within 72 hours; submission indicates waiting for a decision within standard timeframe could place member's life, health, or ability to regain maximum function in serious jeopardy.		
<input type="checkbox"/> Retrospective				
Health plan				
<input type="checkbox"/> Samaritan Advantage Health Plans <input type="checkbox"/> Samaritan Choice Plans <input type="checkbox"/> Samaritan Employer Group Plans <input type="checkbox"/> IHN-CCO				
Patient information				
Last name:		First name:		MI:
Patient's primary care provider:		Date of birth: ____ / ____ / ____	Subscriber ID #:	
Provider information				
Requesting / ordering provider's name:		Performing provider / hospital / facility / DME vendor:		
Requesting provider's NPI:		Performing provider's NPI:		
Requesting provider's address:		Performing provider's address:		
Phone:	Fax:	Phone:	Fax:	
Referral information (Complete all sections that apply)				
<input type="checkbox"/> Office <input type="checkbox"/> Outpatient services <input type="checkbox"/> DME <input type="checkbox"/> Behavioral health		<input type="checkbox"/> Inpatient / length of stay:		<input type="checkbox"/> Residential
Scheduled date: from ____ / ____ / ____ to ____ / ____ / ____		Date of scheduled appointment: ____ / ____ / ____		
ICD-10 Code	CPT/HCPC code	Modifier	# of units	Billing amount per line item (DME only)
Contact person if health plan requires additional information?				
Name:	Phone: ext:	Confidential voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:	
Reason for request / comments / additional codes or details. (Important: attach supporting documentation)				

Standard or retrospective requests: fax to 541-768-9766 | Expedited or Employer Group Plans requests: fax to 541-359-4064

Reminder: form must be complete and include supporting documentation

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