Prior Authorization Form
Genetic Testing

Phone: 1-800-521-6622 | Fax: 1-866-755-9949

AmeriHealth Caritas Pennsylvania

Contact name:

Phone number: Fax number:

Member information	
Member name:	Member ID number:
Date of birth:	Member's phone number:
Authorization number, if applicable:	
Primary insurance? ☐ Yes ☐ No	Name of carrier:
Primary insurer member ID:	Primary authorization number:

Provider information	
Physician name:	Physician NPI:
Physician phone number:	Physician fax number:
Facility name:	Facility NPI:
Facility phone number:	Facility fax number:

Prior authorization services requested
☐ Elective inpatient ☐ Ambulatory surgery ☐ Office visit ☐ Genetic testing
Requested dates of service:

Codes

ICD diagnosis code	Description	CPT codes	Requested units per code

Additional information:

CLINICAL NOTES TO SUPPORT THE MEDICAL NEED OF THIS SERVICE ARE REQUIRED.

ALL FIELDS MUST BE COMPLETED FOR REQUEST TO BE PROCESSED.