AmeriHealth Caritas Pennsylvania

Prior Authorization Form

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

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 Tax ID/NPI:	Physician Phone Number:	Physician Fax Number:
Facility Name:	Facility Tax ID/NPI:	Facility Phone Number:	Facility Fax Number:

Codes

ICD Diagnosis Code	Description	CPT Codes	Requested Units per Code

Prior Auth Services Requested

☐ **Inpatient** ☐ **Ambulatory Surgery** ☐ **Office Visit** ☐ **Genetic Testing**

Requested Dates of Service:

Additional Information:

CLINICAL NOTES TO SUPPORT THE MEDICAL NEED OF THIS SERVICE ARE REQUIRED.
**** ALL FIELDS MUST BE COMPLETED FOR REQUEST TO BE PROCESSED.****