

Part B Medication Prior Approval Request Form

This form may **ONLY** be utilized to submit a request for a service that requires prior approval.

PLEASE PROVIDE ALL RELEVANT CLINICAL DOCUMENTATION TO SUPPORT REQUEST.

Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED

Forms that are not legible or incomplete will not be processed.

Prior authorization priority

Standard requests (72 hours) - Fax: 816-313-3015

Expedited requests (24 hours) - Fax: 816-313-3015

Place of service

Office Outpatient Home Other

Provider information

Name of provider submitting request		Individual physician NPI	Network status	
Address		City	State	ZIP
Referring provider name			Referring provider NPI	
Name of person completing form (information will be returned to this person)				
Phone number	Fax number	Email		
Scheduled service date		Place of service		

Please note: Request should be submitted 5-7 business days prior to the scheduled date of service in order to allow adequate time for request and receipt of information needed to process the request.

Patient information

First name		MI	Last name	
ID number		Birth date (mm/dd/yyyy)		Gender
Address		City		State
				ZIP

Diagnosis information

Diagnosis description

J Code	NDC number	Dosage	Units

Is the patient currently taking this medication? Yes No

If yes, for how long? _____

Previously tried medications	Dosage	Outcome/Contraindications

Additional Information: Please attach and submit any progress notes, lab data, discharge summaries, or other relevant documentation to support discontinuation of previous therapy.

DISCLAIMER: Information provided is as of the date of the reply and member information that has been processed. If patient eligibility, benefits, coverage limits, exclusions changes (please check for current patient information on AHIN) or if post claims information does not match this prior approval service request information the approval is not valid. Additional visits or services occurring after the reply date might exceed the limits of the contract or policy and would accordingly not be covered under the contract or policy.

Return completed form by fax to:
(816) 313-3015

