



Fax Number: 855-220-1423

Provider Services Phone Number: 800-615-0261

PRIOR AUTHORIZATION REQUEST FORM

Please check type of request: Routine (Non-urgent services) DOS: _____ Expedited (Medicare only—Care required within 72 hours)
 Urgent/Concurrent (Care required within 24 hours) Retrospective DOS: _____ Submission of additional clinical information

Patient Name:	DOB:	Daytime Phone:	
Health Plan:	Health Plan ID#:		
Address:	City:	State:	Zip:

Facility/Provider/Service Information:

Requested by Provider:	<input type="checkbox"/> PCP	<input type="checkbox"/> SPEC	Phone:
Provider Signature:	Fax:		
<input type="checkbox"/> Office <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient Admit/SNF <input type="checkbox"/> Diagnostics <input type="checkbox"/> DME <input type="checkbox"/> Home Health <input type="checkbox"/> Injectables <input type="checkbox"/> Other _____			
Referring to Provider/Facility:		Referring to Physician/Specialist:	

If Referred to Provider is Out of Network, permission for AMG to redirect In-Network? Yes No

If you answered NO for redirection In-Network, please provide information below:

Reason for Objecting to In-Network Redirection:	
Referring to Provider TIN:	Referring to Provider NPI:
Referring to Provider Address:	Phone:
	Fax:

REQUIRED:

CPT Code(s)	Quantity	ICD-10 Code(s)	CPT Code(s)	Quantity	ICD-10 Code(s)

REQUIRED: Please submit supporting clinical documentation of the following: Diagnosis/Clinical Problem, Clinical History/Date of Onset, Prior Treatment, Relevant Diagnostic Testing.

Form Submitted by: _____ Date _____ Phone: _____

THIS AUTHORIZATION IS BASED ON ELIGIBILITY AT TIME THE SERVICES ARE RENDERED.

HIPAA Notice: The information contained in this form may contain confidential and legally privileged information. It is only for the use of the individual or entity named above. If the recipient of this form is not the recipient addressed on the form, you are hereby notified that any dissemination, distribution, or copying of the attached document (s) is strictly prohibited. If you have received this in error, please immediately notify the sender by telephone and return the form to the sender.