Prior Authorization Request Form

Please submit your request electronically using our preferred method via **http://www.availity.com**. You may also fax this form to **866-959-1537**.

Today's date: _____		**Provider return fax #: _____**	
Member information (please verify eligibility prior to rendering service)			
Name (last name, first name):		Wellpoint member #:	
Date of birth:			
Address:	City, State ZIP code:		
Medicaid #:	Medicare #:	Other insurance/Workers'	
Referring provider information			
Name:		Office contact name:	
Medicaid provider #: Group practice #:		Wellpoint provider #: NPI #:	
Phone #:	Fax #:		Other phone #:
Specialist consult			
Consultant: *(last name, first name, provider specialty)*			
Wellpoint provider #:	NPI #:	Phone #:	Fax #:
Address:	City, State ZIP code:		
ICD-10 code/diagnosis/reason for referral:			
Past medical history (PMH)/previous studies/treatment:			
Number of visits required:			
Maternity care			
For initial notification of pregnancy, please use the maternity notification form. For all other services related to pregnancy, please use this form (e.g., ultrasound, fetal non-stress test).			
Diagnostic study			
Facility name:			Date of service:
Diagnosis/reason for referral:			
Procedure/CPT®-4 code:			
PMH/previous studies/treatments:			
Surgery request			
Surgeon's full name: *(last name, first name)*			
Facility name:	Date of service: ___ ☐ Inpt ☐ Outpt ☐ Ext stay		
Diagnosis/reason for surgery:			
Procedure/CPT-4 code:			
PMH/previous studies/treatments:			
Other - clinical information needed			
☐ Durable medical equipment	☐ Home health	☐ Hospice	☐ Other
Referred to provider: *(last name, first name)* NPI #:		Wellpoint provider#:	
Diagnosis/reason for referral:			
Procedure/CPT-4 code:			

PMH/previous studies/treatments:
Place of service: ☐ Office ☐ Home ☐ Outpatient hospital ☐ Inpatient hospital ☐ Other
Please attach clinical information to support medical necessity: This request is valid only for services included on this form. Only completed requests will be processed. If the consultant/provider recommends another service or surgery, additional authorization is required. Prior authorization does not guarantee that benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions, and exclusions.