



A Coordinated Care Organization

Phone: (541) 672-1685 Fax: (541) 677-5881

PRIOR AUTHORIZATION FORM MEDICATIONS

☐ **STANDARD/ROUTINE** 72 Hours

☐ **RUSH** 24 hours (member's health is at immediate risk i.e. loss of life, limb, or eyesight imminent. *By selecting the RUSH review and submitting this form, I certify that applying the 24 hour standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function. Please include an explanation of medical necessity for the rush in the Statement for Medical Necessity area below*

☐ **RETRO** (Medication has already been dispensed) DATE OF SERVICE ____/____/____

SUPPORTING DOCUMENTATION IS REQUIRED TO BE SUBMITTED WITH ALL REQUESTS

Fields listed below in ***RED** are required fields. Failure to provide the required information may cause a delay in authorizations and/or authorizations to be cancelled/returned.

*Date: _____ *Person completing form: _____ *Phone: _____

Provider/Clinic Name: _____ Fax: _____

Member Information

*Name: _____ *ID #: _____ *DOB: _____

Requesting Provider Information

*Name: _____ MD ☐ DO ☐ FNP ☐ NP ☐ PA ☐

*NPI #: _____ *Phone: _____ *Fax: _____

Delivering Provider/Facility Information

Pharmacy Name: _____ Phone: _____

Diagnosis Information

ICD-10 Diagnosis Code(s):

*Primary: _____ Supporting: _____

Medication Information

*Requested: _____ *Strength: _____ *Directions: _____

Medication(s) Already Tried:

1. _____ 2. _____ 3. _____

Statement of Medical Necessity:

PAYMENT FOR ALL SERVICES IS SUBJECT TO CONFIRMATION that the beneficiary is eligible to receive the services as a covered benefit, the applicability of other sources for payment, UHA's Clinical Engagement and other policies and procedures, the terms of its contract with the state of Oregon, and all applicable laws, each as in effect or determined at the time each service is performed. Umpqua Health Alliance operates a Medicaid plan under the Oregon Health Plan. If you are a nonparticipating provider, payment is made at the rate set out in the relevant Oregon Administrative Rule. Generally, those rules can be found at OAR Chapter 410.