



A Coordinated Care Organization

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

PRIOR AUTHORIZATION FORM
MEDICATIONS

STANDARD/ROUTINE 24 Hours

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

\*Address:

\*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:

Empty box for 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.