PRIOR AUTHORIZATION REQUEST FORM

Prime Healthcare
Saving hospitals. Saving jobs. Saving lives.

Fax to 909-235-4414 (or) 844-308-7505

Tier 1 Providers: You can submit prior authorizations request via our interactive provider portal PAS.
PAS is an easy and faster way to submit prior authorization requests and view determinations.
Note: *Failure to complete all fields marked with an asterisk (*) may result in delays beyond our standard determination timelines.*

Contact Name	**Phone**	**Fax**	**Date**
Patient Name	**Hospital of Employment *(Subscriber)***		
***Home Address**	***Phone**		
***Date of Birth**	***Member ID Number**		
***Referring Provider & Phone Number**	**Primary Care Provider & Phone Number**		
***Referred To**			
***Referral Place of Service, Phone/Address**			
Retro Active Request? Yes No **Retrospective Date(s) of Service**			
***ICD-10 Code** _____ ***Diagnosis**_____			
***CPT/HCPCS Code & Qty** _____ ***Description of Service & Qty** _____ *** Inpatient? Yes No**			
Referring Providers Notes **Return Fax #** _____ ***Referring* Providers *Signature*** ***Date***			
** Please attach clinical documentation along with this completed form. Clinical documentation includes signs, symptoms, history, diagnostic test results, consultant recommendations (if applicable), and plan of treatment. Requests cannot be processed without this documentation. **			

DisclaimerStatement: *Prior authorization determination is not a guarantee of payment for services. Eligibility must be verified at the time of service and are subject to all terms, conditions and limitations of the Summary Plan Description.*

Determination Timelines:
Urgent: Up to 72hrs
Routine: 7-10 business days
Retro: Up to 30 business days

Questions:
Authorization Questions: call toll free 877-234-5227
Member Eligibility and Benefit Summary: call toll free 888-773-7218