Authorization Request Form

Information including, but not limited to, chart notes, test results, previous treatments / consultation summaries must be attached. Failure to provide adequate clinical findings for requested services may result in delay or denial of requested services. Fax your completed request to: 888-656-7783 or Call: 866-312-8467



Signature:	cure: Date: _					IASS ADVANTAGE	
Priority Level	riority Level Date			Service	e: /	/	
☐ Standard Request ☐ Expedited Re You can ask for an expedited request by waiting up to 14 days for a decision you back for a medical service/item you	if you on. You can	or your annot r	doctor bequest a	elieve y	our health could	be seriously harmed	
Member Information							
First Name:			Last Name:				
Member ID:			Date of	Birth:	/	/	
Requestor Contact Information							
Name:	DL		umber:		Extensi	Extension:	
Fax Number:	Number: Alternate Contac			t:			
Physician							
Name:			NPI:				
Address:			TIN:				
Phone:			Fax:				
Specialty:					☐ In Network	☐ Out of Network	
Facility/Agency/Place of Service	e/Amb	ulator	y Surge	ry Cent	ter		
Name:				NPI:			
Address:				TIN:			
Phone:				Fax:			
Туре:					☐ In Network	☐ Out of Network	
Requested Services							
Ambulance (Non-Emergent) Cardiac/Pulmonary Rehab Genetic Testing Home Health and Infusion Inpatient Hospital Skilled Nursing Facility	ardiac/Pulmonary Rehab enetic Testing ome Health and Infusion patient Hospital Observation Hospit Occupational Thera Part B Drugs Partial Hospitalizati			y (30+)	Psychiatric Services		
ICD10 codes: CPT/HCPC c			ICPC code	es:			
Description of Services Requested:							
Comments							
If you have a Reconsideration request Organization Determination for service eligibility and contractual limitations.	es <u>befo</u> i	<u>re</u> servi	ce is prov	vided. Pa	ayment is subject	to coverage, patient	

providers may not be directly responsible for obtaining prior authorization as a condition of payment, in some

instances you may need to make sure that prior authorization has been obtained.