



# Prior Authorization Request Form

**Priority:**  Standard (Up to 14 days for Services/72 hrs for Part B Drugs)  Expedited\* (Up to 72 hrs for Services/24hrs for Part B Drugs)

*\*Select Expedited ONLY if Member's life, health, or ability to regain maximum function is jeopardized if processed within Standard timeframes.*

## Member Information

Member Name (First and Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sonder Plan ID: \_\_\_\_\_

## Requesting Provider

Provider Name: \_\_\_\_\_  PCP  Specialist  Hospital or Facility

Requesting Provider Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Provider Rendering Service

Group/Facility Name: \_\_\_\_\_ Par  Provider  Non-Par Provider

Billing Tax ID: \_\_\_\_\_ Group NPI: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Servicing Provider Site/Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Service Type and Place of Service (POS Code)

Office/Diag Ctr  OP Hospital  Physical Therapy  Part B Drug Request  
 DME  IP Hospital  Occupational Therapy  
 Hm Hlth  Ambulatory Surgery Cntr  Speech Therapy  
POS Code \_\_\_\_\_

## Service Details

Planned Date(s) of Service, From: \_\_\_\_\_ To: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Dx Code(s) (ICD-10)	CPT-4/HCPCS Service Code(s)	Service Description(s)	Visits	Units per Visits

Fax Completed Form for **Medical Requests to (888) 217-4320** or **Inpatient Clinical Requests ONLY to (888) 217-3885** Be sure to **include medical records required for medical necessity review.**

*Requests for **Part B Drugs administered at home**, such as insulin, should be directed to **Elixir Solutions** by calling **(833) 684-7263**.*

*For Inpatient Behavioral Health stays please contact Magellan at 800-825-5878*