



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 / 24 hrs for Part B drugs)

***Select Expedited ONLY if Member's life, health, or ability to regain maximum function would be jeopardized if processed within Standard time frames.**

Member Information

Member Name (First and Last): _____ Date of Birth: ____/____/____

Sonder Plan ID: _____ Member Phone: _____

Requesting Provider

Provider Name: _____ PCP Specialist Hospital or Facility

Requesting Provider Tax ID: _____ NPI: _____

Contact Name / Title: _____ Phone: _____ Fax: _____

Provider /Facility Rendering Service

Group /Facility Name: _____ Par Provider Non-Par Provider

Group/Facility Billing Tax ID: _____ Group/Facility NPI: _____

Rendering Physician Name: _____ Rendering Physician NPI: _____

Group/ Facility Provider Site / Address: _____

City: _____ Zip: _____ Phone: _____ Fax: _____

Place of Service (POS Code) and Service Type

In Office Outpatient Hospital Hemodialysis Cntr Physical Therapy Part B Drug Request **
 Diagnostic Cntr Inpatient Hospital DME Occupational Therapy
 Ambulatory Surgical Cntr Home/ Home Health Care Speech Therapy POS Code _____

Service Details

Requested Service Period, From: ____/____/____ To: ____/____/____ Appt date(s) (if applicable): _____

Total # of Visits requested: _____

Dx Code(s) (ICD-10)	CPT/HCPCS Service Codes	Service Description(s)	Total quantity/units (per CPT/HCPCS code) requested for the <u>entire</u> Service Period indicated above

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.**