# Arizona Standard Prior Authorization Request Form for Health Care Services

**Fax | 888-319-6479**

## Section I – Submission

| Subscriber Name: | Phone: | Fax: | Date: |
|---|---|---|---|
| | | | |

## Section II – Reason for Request

| | |
|---|---|
| **Review Type:** ☐ Urgent ☐ Non-Urgent | **Clinical Reason for Urgency:** |
| **Request Type:** ☐ Initial ☐ Extension/Renewal/Amendment | **Previous Authorization Number:** |

## Section III – Review

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|---|
| ☐ **Expedited/Urgent Review Requested:** By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. |
| **Signature of Prescriber or Prescriber's Designee:** |

## Section IV – Patient Information

| Name: | Phone: | Date of Birth: | ☐ Male ☐ Female |
|---|---|---|---|
| **Member Name** *(if different from Section 1):* | **Member ID #:** | **Group Name or Number:** | |

## Section V – Provider Information

| Requesting Provider or Facility | | Service Provider or Facility | |
|---|---|---|---|
| **Name:** | | **Name:** | |
| **NPI Number:** | **Specialty:** | **NPI Number:** | **Specialty:** |
| **Phone:** | **Fax:** | **Phone:** | **Fax:** |
| **Contact Name:** | **Phone:** | **Service Care Provider's Name:** | |
| **Requesting Provider's Signature and Date** *(if required):* | | **Phone:** | **Fax:** |

## Section VI – Services Requested (With CPT, CDT, or HCPCS Code) & Supporting Diagnoses (With ICD Code)

| Planned Service or Procedure | Code | Start Date | End Date | Diagnosis Description *(ICD version )* | Code |
|---|---|---|---|---|---|
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☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse
Number of Sessions: Duration: Frequency: Other:

☐ Home Health Order Attached? ☐ Yes ☐ No Nursing Assessment Attached? ☐ Yes ☐ No
Number of Visits: Duration: Frequency: Other:

## Section VII – Clinical Documentation *(Attach additional documentation as needed)*



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