ARIZONA STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES - AMBETTER

SECTION I – SUBMISSION

Submit the Ambetter PA form via website ***Click on this Link and select to Add Files***

Or, fax to 1-877-612-7066 or 480-666-0248. For any questions please call 1-888-705-5274.

Subscriber Name:	Phone:	Fax:	Date:

SECTION II — REASON FOR REQUEST

Review Type: ☐ Non-Urgent ☐ Urgent	Clinical Reason for Urgency:
Request Type: ☐ Initial ☐ Extension/Renewal/Amendment	Prev. Auth. #:

SECTION III — REVIEW

☐ **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:	DOB:	☐ Male ☐ Female
Member Name (if different from Section I):	Member ID #:	Group Name or Number:	

SECTION V — PROVIDER INFORMATION

Requesting Provider or Facility			**Service Provider or Facility**		
Name:			Name:		
NPI:	TIN:	Specialty:	NPI:	TIN:	Specialty:
Phone:	Fax:		Phone:	Fax:	
Contact Name:	Phone:		Service Care Provider's Name:		
Requesting Provider's Signature & Date (if required):			Phone:	Fax:	

SECTION VI — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version 10)	Code

☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other:

☐ Skilled Nursing ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Home Health Aide

☐ MSW ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions: Duration: Frequency: Other:

☐ Home Health: Order Attached? ☐ Yes ☐ No Nursing Assessment Attached? ☐ Yes ☐ No No of Visits:

Duration: Frequency: Other:

SECTION VII -- CLINICAL DOCUMENTATION (Attach additional documentation as needed

ALL REQUIRED FIELDS MUST BE COMPLETED TO AVOID A REJECTED FORM. COPIES OF SUPPORTING CLINICAL INFORMATION REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.