

PRIOR AUTHORIZATION REQUEST

Complete this form and fax it to 1-866-683-5631.

For questions, please call 1-877-391-5921.



Date of request * / /

*Required items. Please write only in designated areas.

Member Information

<input type="text"/>	Member ID*	<input type="text"/>	Last Name
<input type="text"/>	Date of Birth*	<input type="text"/>	First Name

Ordering Physician

<input type="text"/>	NPI*	<input type="text"/>	Fax Number*
<input type="text"/>	TPI*	<input type="text"/>	Contact Number*
<input type="text"/>	Tax ID*	<input type="text"/>	
<input type="text"/>			
Contact Name / Requestor			

Last Name, First Initial

Medication Dispensing

Administering MD Office Other Pharmacy (other pharmacy must be within SHP network & have below completed)

Caremark

<input type="text"/>	NPI*	<input type="text"/>	Fax Number*
<input type="text"/>		<input type="text"/>	Contact Number*
<input type="text"/>			
Address			

Medication Shipping Location

Physician's office Member's address:

Address: _____

City, St Zip code: _____

Phone number: _____

Insurance Information

Primary Insurance: _____ ID#: _____ Phone#: _____

Secondary Insurance: _____ ID#: _____ Phone#: _____

Clinical Review

Procedure codes:

Procedure code/CPT, HCPCS* modifier J code

NDC / / Start Date*

Diagnosis: / / End Date*

Referring Diagnosis Code* Units/Visits* Day

/ / Date of Diagnosis. Please include any diagnostic clinicals such as labs, radiology, exams, etc Week

to support diagnosis. For Chemotherapy Medication Requests, please include Chemotherapy Regimen and Anticipated Dates of Service Requested. Month

'X' Indicates clinicals or plan of care attached.

Medication Requested

Medication Name	Strength	Dose	Quantity

Rationale for Request / Pertinent Clinical Information (Required for all Prior Authorizations)

Signature of Requesting Physician (required)

Date

Urgent Request - By checking this box, I certify that this is an urgent request for medically necessary treatment, which must be treated within 24 hours.

Superior requires that certain services be approved before the service is rendered. Please refer to the SHP website, www.superiorhealthplan.com for the most current full listing of authorized procedures and services. Note that an authorization is not a guarantee of payment and is subject to utilization management review, benefits and eligibility.