

Contact name:	
Phone number:	Fax number:

**Participant information**

Participant name:		
Participant ID number:	Date of birth:	Participant's phone number:
Authorization number, if applicable:		Primary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of carrier:	Primary insurer Participant ID:	Primary authorization number:

**Provider information**

Physician name:		
Physician NPI:	Physician phone number:	Physician fax number:
Facility name:		
Facility NPI:	Facility phone number:	Facility fax number:

**Prior authorization services requested**

<input type="checkbox"/> Elective inpatient <input type="checkbox"/> Ambulatory surgery <input type="checkbox"/> Office visit <input type="checkbox"/> Genetic testing
Requested dates of services:

**Codes**

ICD diagnosis code	Description	CPT codes	Requested units per code

Additional information:
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**CLINICAL NOTES TO SUPPORT THE MEDICAL NEED OF THIS SERVICE ARE REQUIRED.**  
**ALL FIELDS MUST BE COMPLETED FOR REQUEST TO BE PROCESSED.**

**Important payment notice:**

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Effective January 1, 2018, any claim submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>.