

Prior Authorization Request

***YOU MUST SUBMIT CLINICAL DOCUMENTATION TO SUPPORT YOUR REQUEST**
PLEASE NOTE – AUTHORIZATIONS MAY BE REQUESTED ONLINE VIA [ONEHEALTHPORT](#)



DATE: _____

Phone: 1-877-836-6806

Fax: 1-855-402-1684

- Humana HMO Medicare Advantage
- Premera HMO Medicare Advantage
- UnitedHealthcare AARP West Medicare Advantage
- UnitedHealthcare Community & State (Apple Health)



Routine

Urgent

Post-Service

Urgent is defined as a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity such that if services are not received within 24 hours of the request the person's situation is likely to deteriorate to the point that emergent services are necessary.

Patient Name:	Member ID:
DOB:	Phone Number:

***If referring Out of Network, please provide documentation to support medical necessity**

Requesting Provider:	Servicing Provider:
Phone:	Phone:
Fax:	Fax:

Inpatient

Outpatient

Diagnosis and ICD-10 code(s):	Date of Service:
CPT Code(s):	
Facility Information:	
Comments:	

PLEASE NOTE: This Authorization does not ensure payment of services. All claims are subject to normal policy limitations, current eligibility, and plan requirements. **AUTHORIZATION LETTERS WILL BE FAXED TO PCP & SERVICING PROVIDER UPON PROCESSING.**

Submit Claims to: Optum Care Network

Electronic ID: Life1

Clearinghouse: Optum 360

PAYMENT SUBJECT TO CURRENT ELIGIBILITY AT THE TIME OF SERVICE

Effective 1/2021