Request for Authorization Form

Acute Care
1501 W. Fountainhead Pkwy
Suite 201
Tempe, AZ 85282
Telephone: (866) 519-6972
Fax: (866) 896-1844

Request Type:

☐ ***Expedited*** *(Response required within 72 hours to avoid serious jeopardy to member's health)*

☐ ***Standard*** *(Response required within 14 days)*

NOTE: Please complete this form in its entirety. Submitting requests that are illegible, incomplete, missing clinical documentation, and/or have an inappropriate request type will increase the response turn around time.

Member Information:

Last Name	First Name	DOB	AHCCCS ID #
Address (city, state, & zip code):	**Telephone #:**		**Primary Language**

Medicare Eligibility: ☐ **Part A** ☐ **Part C (provided by):** ______________________ ☐ **Not Medicare Eligible**

☐ **Part B** ☐ **Part D (provided by):** ______________________

Additional Insurance Coverage

Insurance Company Name: ___________________________ **Insured ID #:** _____________________

Is service being requested approved by member's primary / additional insurance?

☐ **YES:** STOP **-** Bridgeway does not require a prior authorization when primary insurance pays for service

☐ **NO:** Please list why the service is not being covered by member's other insurance**:** __________________________

Requesting Provider Information:

Name:	Address (city, state, & zip code):	Telephone #:
Provider Signature:	**Contact Person/ext.:**	**FAX:**

Referred to:

Full Name of the Provider/Facility:	Address (city, state, & zip code):	Telephone #:
Provider Specialty:	**Anticipated Date of Service:**	**FAX:**

Service Request:

Service Setting: ☐ **Inpatient** ☐ **Outpatient**

Service Type:

- ☐ Dialysis
- ☐ Dental
- ☐ Home Health
- ☐ Hospice
- ☐ Imaging: ______________
- ☐ Infusion
- ☐ Medical Supplies
- ☐ Other: ________________
- ☐ Therapy*:
- ☐ Pain Management
- ☐ Pharmacy
- ☐ Office Visit
- ☐ Vision
- ☐ Transplant
- ☐ DME
  Height: ____ Ft ____ In
  Weight: _______ Lbs

Type	Times/Week	Number of Weeks
PT		
OT		
ST		

*Treatment plan and progress notes required

Codes & Descriptions:

ICD Code	ICD 9 Description

CPT/HCPC Code	CPT/HCPC Description

. Comments: ____