# ARIZONA STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

**SECTION I – SUBMISSION**

| 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 — PROVDER INFORMATION**

| **Requesting Provider or Facility** | | **Service Provider or Facility** | |
|---|---|---|---|
| Name: | | Name: | |
| NPI #: | Specialty: | NPI #: | Specialty: |
| Phone: | Fax: | Phone: | Fax: |
| Contact Name: | Phone: | Service Care Provider's Name: | |
| Requesting Provider's Signature and 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___) | Code |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse

Number of Sessions: _____ Duration:_____ Frequency:_____ Other:_____

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

Number of Visits: _____ Duration:_____ Frequency:_____ Other:_____

**SECTION VII — CLINICAL DOCUMENTATION (Attach additional documentation as needed)**