



Treatment Authorization Request
Ph 602.778.1800 (Options 5, 6) Fax 602.778.1838



AHCCCS DDD ONECare

Urgent Routine Retroactive

Patient Information:

Member Last Name:	Member First Name:	Date of Birth
Member Street Address:		
Member City, State, Zip:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Member ID:		
Physician Contact Name:	Contact Ph:	

Service Information:

Referring To:	Ph ()
Date of request:	Specialty:
Provider Address:	
Hospital Name:	

Services Requested:

<input type="checkbox"/> Hospital Admit	<input type="checkbox"/> LOS	<input type="checkbox"/> OP	<input type="checkbox"/> Consult Only	<input type="checkbox"/> Follow-up Visits (attach relevant data, notes, tests, etc.)	<input type="checkbox"/> Health Education
Authorization for specialist office visits are good for a consultation and 2 follow up visits unless otherwise noted.					
Requested Service/Procedure Description:				CPT 4 Code(s) (required)	
Diagnosis Description:				ICD 9 Code(s) (required)	
Requesting extension of existing authorization <input type="checkbox"/>			Authorization # requesting extension of:		

Submission of appropriate documentation will expedite the processing of your request

Included Documentation:	<input type="checkbox"/> Office Notes	<input type="checkbox"/> X-ray reports	<input type="checkbox"/> Lab results	<input type="checkbox"/> Specialist consult notes	<input type="checkbox"/> Other Diagnostic tests
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Other Notes/Comments:

Requesting Physician Name (PLEASE PRINT):	Ph ()	Fax ()
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Status: Approved Modified Deferred Denied Criteria utilized during decision will be provided upon request

If the treating physician wishes to discuss the case with the physician reviewer please contact Med Mgmt

Auth #:	Date Approved:	Auth Expiration Date:
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Comments:

AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PLEASE CHECK ELIGIBILITY PRIOR TO RENDERING SERVICE.
 Payment will not be made for unauthorized services. All lab and x-rays must be ordered/performed by contracted providers. Specialist findings must be sent to PCP. This authorization is valid for 90 days.