



Health Plans

Provider Prior Authorization Form

Fax medical authorization requests to: 1.855.328.0059
Phone: Toll-Free 1.844.522.5282 /TDD Relay 1.800.955.8771
Visit myHFHP.org

COMPLETE ALL INFORMATION

REVIEW TYPE Standard (≤ 14 days) Accommodate scheduling/patient needs (Date needed: _____)
Check one
 Urgent (≤ 72 hours)
Provider certifies that the standard review time frame would seriously jeopardize the member's life or health.
Clinical reason for urgency: _____
Practitioner signature: _____

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DATE OF REQUEST _____

REQUEST TYPE - Check all that apply

Initial request Change to initial request - Auth #: _____ Addition to initial request - Auth #: _____

Second medical opinion (Provide reason): _____

Out-of-network provider request (Provide reason): _____

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MEMBER ID#: _____ **MEMBER NAME (FIRST/LAST):** _____ **DOB:** _____

REQUESTING PROVIDER NAME (FIRST/LAST): _____

PROVIDER CONTACT NAME: _____ Phone: (____) _____ Ext. _____ Fax: (____) _____

PERFORMING/SERVICING PROVIDER: Check if same as Requesting Provider **NPI or TIN** _____

Name (First/Last): _____ Specialty: _____

Address: _____ Phone: (____) _____ Fax: (____) _____

FACILITY/SUPPLIER: Check if same as Requesting Provider **NPI or TIN** _____

Name: _____

Address: _____ Phone: (____) _____ Fax: (____) _____

Check applicable place of service below AND complete requested information.

COMPLETE APPLICABLE INFORMATION

PLACE OF SERVICE: Office (11) Home (12) Inpatient Hospital (21) Outpatient Hospital/Observation (22)
 Ambulatory Surgery Center (24) SNF (31) Other _____

REQUESTED DATES OF SERVICE: From: _____ To: _____

REQUESTED CPT/HCPCS CODE(S)	REQUESTED CPT/HCPCS CODE DESCRIPTION(S)	# VISITS/ DAYS/ UNITS REQUESTED	ICD CODE(S)	DIAGNOSIS (ICD CODE) DESCRIPTION(S)
DME: <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left / <input type="checkbox"/> Purchase <input type="checkbox"/> Rental / <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent				

AUTHORIZATION DOES NOT GUARANTEE COVERAGE AND DOES NOT SUPERSEDE ANY MEMBER BENEFIT LIMITS OR PROVIDER CONTRACTUAL LIMITS.

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