

## Prior Authorization Form

**Phone:** 1-855-364-0974, TTY: 711

**Fax:** 1-855-734-9389

**Date of Request:** \_\_\_\_\_

For urgent requests (required within 24 hours), call Aetna Better Health of Ohio at 1-855-364-0974. For Inpatient Acute Physical Health and Behavioral Health Requests for ACT (H0040), IHBT (H2015), and SUD Residential Treatment (H2034, H2036) please use fax 1-855-734-9393. For all other Physical Health and Behavioral Health Service authorization requests please use fax 1-855-734-9389.

### MEMBER INFORMATION

**Name:** \_\_\_\_\_

**ID Number** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Other Insurance:** \_\_\_\_\_

**Gender (circle one):**    F    M

### REQUESTING PHYSICIAN OR PROVIDER INFORMATION

**Referring Provider / Requesting Provider**

**Place of Service or Facility Name**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**National Provider Identification (NPI):** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

### REFERRAL / AUTHORIZATION INFORMATION

**Problem / Diagnosis (ICD-10 Code(s)):** \_\_\_\_\_

**Procedure / Test Requested (CPT Code(s)):** \_\_\_\_\_

**Date of Appointment or Service:** \_\_\_\_\_ **Number of Visits Required:** \_\_\_\_\_

**Type of Procedure (circle one):** Inpatient      Outpatient      In-Office

**Other Clinical Information** - Include clinical notes, lab and X-ray reports, etc. (For procedures, please attach additional pages as necessary.): \_\_\_\_\_