



AETNA BETTER HEALTH® OF VIRGINIA

Prior Authorization Form

Phone: **1-800-279-1878**

Fax: **1-866-669-2454**

Date of Request:

For urgent requests (required within 24 hours), call Aetna Better Health of Virginia at **1-800-279-1878**.

Member information

Name:		ID number:
Date of birth:	Physician Name:	
Other Insurance:		
Gender (circle one): F M		

Referring Provider / Requesting Provider

Place of Service or Facility Name

Name:	Name:
Address:	Address:
Phone number:	Phone number:
Fax number:	Fax number:
Specialty:	Specialty:
National Provider Identification (NPI):	National Provider Identification (NPI):
Contact person:	Contact person:

Problem / Diagnosis (ICD-10 Code(s))
Procedure / Test Requested (CPT Code(s))

Date of appointment or services:	Number of visits required:
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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.): _____