

Prior Authorization Provider Request Form

Fax Requests to 1-833-263-4869 or email PriorAuth@MediGold.com

First Name	Last Name	Middle Initial
Member ID	Date of Birth / /	Phone Number ()

Expedited — Read Definition below prior to checking box. Check expedited **ONLY** if it meets the definition of expedited request per CMS Guideline 50 - Expedited Organization Determination: Enrollee/Physician believes that waiting for a decision under the standard time frame (14 days) could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.

Please select service(s) for which you are requesting prior authorization.

- | | |
|---|--|
| <input type="checkbox"/> BRAC gene testing | <input type="checkbox"/> Inpatient Rehabilitation/Long Term Acute Care Admit |
| <input type="checkbox"/> Power Operated Vehicles (CMN required) | <input type="checkbox"/> Part B Drugs/Chemotherapy/CAR T-cell Therapy |
| <input type="checkbox"/> Durable Medical Equipment (DME) | <input type="checkbox"/> Integrated Oncology/Radiation Therapy |
| <input type="checkbox"/> Skilled Nursing Facility (SNF) | <input type="checkbox"/> Monoclonal Antibodies |
| <input type="checkbox"/> Transplant | <input type="checkbox"/> Out of Network Services |
- Other** **Elective Procedure:** Inpatient Outpatient

Requesting Provider First Name / Last Name	NPI	TIN
Contact Person	Phone Number ()	Fax ()
Servicing Provider / Facility Name	NPI	TIN
Phone Number ()	Fax ()	
Start Date / /	Frequency	

Applicable Diagnoses & ICD-10 Codes

Service Description and Code(s)

Medical Rationale for Request

OUT-OF-NETWORK CARE for HMO Members (does not apply for PPO members): Out-of-network care is only considered when services are not accessible in-network.

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