



**FACILITY AUTHORIZATION FORM**  
 CareOregon Advantage (Plus/Star) and OHP (Plus/Std) Members  
 Revised **January 15, 2011**  
 Fax Form and Chart Notes to: **503-416-3713 or 1-888-272-9315**

*Verify service requires an authorization before completing the authorization request form.  
 The information is posted on the CareOregon Website @ [www.careoregon.org](http://www.careoregon.org)*

**1. PERSON COMPLETING THE FORM**

Date: \_\_\_/\_\_\_/\_\_\_\_\_ Name: \_\_\_\_\_ working @ PCP Office  Specialist Office   
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**2. MEMBER NAME:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last First MI

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Subscriber ID#: \_\_\_\_\_  
 OHP Plus:  OHP Standard:  Advantage Plus:  Advantage Star:   
 PCP Name: \_\_\_\_\_; Clinic: \_\_\_\_\_

**3. PROVIDER NAMES:**

**Specialist Name:** \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
**Facility Name:** \_\_\_\_\_

**4. DIAGNOSIS/PROCEDURE INFORMATION:**

**Primary Dx:** \_\_\_\_\_ ICD-9: \_\_\_\_\_  
**Primary Proc:** \_\_\_\_\_ CPT/CDT-4: \_\_\_\_\_  
**Secondary Dx:** \_\_\_\_\_ ICD-9: \_\_\_\_\_  
**Secondary Proc:** \_\_\_\_\_ CPT/CDT-4: \_\_\_\_\_  
 Additional Proc: CPT/CDT-4: \_\_\_\_\_ CPT/CDT-4: \_\_\_\_\_ CPT/CDT-4: \_\_\_\_\_

**5. COMORBID CONDITIONS:**

**Does the member have a comorbid medical condition that is (1) under the best possible management, but (2) it is not controlled, and (3) providing this service will significantly improve the condition? \_\_\_yes \_\_\_ no**  
*If yes, what is the co-morbid condition(s)?* ICD9: \_\_\_\_\_ Narrative \_\_\_\_\_  
*And, please **include relevant chart notes** with this authorization request!*

**6. LEVEL OF CARE REQUESTED:** Ancillary Dept  Clinic/Office  Procedure Room   
 Ambulatory Surgery Center (ASC)  Hospital Day Patient/Surgery  Hospital Inpatient

Anticipated or actual **admit date:** \_\_\_/\_\_\_/\_\_\_\_\_ Anticipated # days: \_\_\_\_\_