

Prior Authorization Form

(Referral to a provider)



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
877-416-4161 (TTY/TDD)
www.careoregon.org

A PCP, office specialist or ancillary provider may complete this form.

Today's date _____

Member's name _____
Last First MI

Member's DMAP ID# _____ DOB _____

Primary ICD-9 code _____ Secondary ICD-9 code (if applicable) _____

CONTACT INFORMATION

Print name of person completing this form _____

Your phone # _____ Your FAX # _____
We fax benefit notification to the person who completed this form.

Your clinic name and/or provider affiliation _____

- CMS/DMAP guidelines allow CareOregon up to 14 calendar days to approve or deny this request.
- Please forward benefit notification to the referred member and the provider.
- **NOTE:** If this request is **medically** urgent, please print "**Urgent**" at the top of the form.

STEP 1

Verify member's eligibility on **QNXT View**. <http://view.careoregon.org/QNXTView/Website/Home.aspx>

Check member's plan type:

OHP Plus _____ OHP Standard _____ OHP & CareOregon Advantage (dual-eligibles) _____

Service(s) requested _____ CPT code _____ # of visits _____

Check service request purpose:

Diagnostic test _____ Diagnostic consult _____ Treatment _____ PT _____ OT _____ ST _____

STEP 2

Reason for prior authorization (**check one**). Include requested information:

_____ Diagnosis is below the line **OR** on no line **OR** above and below the line:

Provide reason if requesting non-funded care.

_____ Benefit excluded: *Provide reason for requesting excluded benefit.*

_____ Benefit requires prior authorization: *Include relevant chart notes.*

For therapy requests, include evaluation results, progress notes and MD prescription.

_____ Non-par provider: *Provide reason for using a non-contracted provider.*

Portland Metro Area fax 503-416-3724; toll-free fax 1-888-272-9315

Referral to: Clinic name _____ Provider name _____
Required Optional

Address _____

Phone _____ FAX _____ NPI # _____

Please record the National Provider Identification number. Accurate information helps us pay claims promptly.