

Attach additional information for other medications tried/results, or any material related to this request (medical history, labs, etc.)

CLINICAL REVIEW / PRIOR AUTHORIZATION REQUEST FORM

*** Required Information**



Please Fax to: (812) 257-1968

Please Note: MUST be filled out by prescriber's office. If the following information is not filled in completely, correctly, or legibly, the authorization review will be denied. Please allow 24 business hours for processing.

513 E. South St.~ Washington, IN 47501~ Toll Free (844)-257-1955~ Fax (812)-257-1968~ After Hours (855)-326-2159 ~

<u>Patient Information</u>				
*Patient Full Name:	_____	*Cell Phone #	_____	
*Address:	_____	Alt. Phone #	_____	
Address 2	_____	E-mail	_____	
*City	_____	*Height	_____	*Weight _____
*State	_____	*Zip Code	_____	*Known Allergies _____
*Date Of Birth	_____	*Gender	_____	*Last 4 of SSN _____
<u>Insurance Information:</u>				
*Cardholder Name:	_____	BIN	017274	PCN _____ PDMI _____
Prescription Group # on Card	_____	Relationship	_____	Person Code _____
*Cardholder ID # on Card	_____	Secondary Insurance	_____	
<u>Prescriber Information:</u>				
*Prescriber Name	_____	*Prescriber NPI	_____	
*Address	_____	Address 2	_____	
*City	_____	*State	_____	*Zip Code _____
*Phone Number	_____	*Fax Number	_____	
*Office Contact	_____	*Prescriber Signature	_____	
*Prescriber Specialty	_____		_____	
<u>Medication Information:</u>				
*Medication Name	_____	*Strength	_____	
*Diagnosis (ICD 10)	_____	*Quantity	_____	
*Delivery Location	_____	*Date Needed	_____	
*Anticipated Length of Therapy	_____	*Day Supply	_____	
			<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<p>If this request is for Ozempic or Mounjaro and the diagnosis is NOT Type 2 Diabetes and patient's A1c is under 6.5, it's an automatic denial and you will not be notified.</p>				
*Tried/Failed Therapies For This Request <input type="checkbox"/> N/A				
Previous Medication	Strength	Sig.	Start/End Date	Results
Previous Medication	Strength	Sig.	Start/End Date	Results
Previous Medication	Strength	Sig.	Start/End Date	Results

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TrueScripts respects your privacy and will manage all Personal Health Information pursuant to 45 C.F.R. § 164.504(e)(2)(i) and in accordance with the approved technologies and methodologies set out by HHS in its guidance (74 Fed Reg. 42740, 42742)