

PRIOR AUTHORIZATION FORM
General Exception - Commercial/Medicaid

Unless otherwise indicated below, authorization quantities are limited to the manufacturer recommended dosage



a service of selecthealth.

P.O. Box 30192 Salt Lake City, UT 84130

Complete online at www.selecthealth.org/pa or fax back to: 801-650-3279
For questions or clarifications, call: 800-442-3129

Patient Information

Patient's Name:	Patient's Date of Birth:
Patient's ID:	Patient's Phone #:
Diagnosis Code(s):	

Requesting Provider Information

Name:	Phone #:
NPI/DEA:	Fax #:
Address:	Supervising Physician (if requesting provider bills under a different provider)
	Name:
	NPI/DEA:

Servicing Provider Information (if different than requesting provider)

Name of provider or facility:	Phone number:
NPI/DEA:	Address:

Drug Name and Strength:	Directions / SIG:
-------------------------	-------------------

Q1. What is the patient's diagnosis?

Q2. What medication is being requested? Please include strength, dosage form, and directions for use.

Q3. What alternative medications have been attempted?

Q4. Has the patient failed previous treatment and shown intolerance, or has a contraindication to the covered alternatives? If yes, please describe below and attach chart notes.

Q5. For members on RxCore policies, is this request for maintenance (90 day supply) dosing?

Yes

No

N/A

Q6. Additional Comments:

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

Prescriber Signature

Date

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document