


OnePoint®
 PATIENT CARE
Drug Prior Authorization Form
 THIS FORM IS NOT A SUBSTITUTE FOR A PRESCRIPTION

Hospice Partner

FOR PHYSICIAN COMPLETION	
Patient's Name: _____	DOB: _____
Patient's Address: _____	Diagnosis: _____
Apt/Unit: _____	Allergies: _____
City/State/Zip: _____	Phone: _____
Facility Name: _____	MRN: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	

BILLING INFORMATION
Patient ID: _____
Payor Name: OnePoint Patient Care
Phone: (877) 791-6772 opt 3
Fax: (877) 791-6773
BIN: 610243
PCN: OP001
Day Supply: 15 Day Max
No Group ID Required

PATIENT MUST BE ADMITTED WITH ONEPOINT PATIENT CARE BEFORE PLACING ORDER WITH DISPENSING PHARMACY

<input type="checkbox"/>	New Patient	Admit Date: _____
<input type="checkbox"/>	Medication Update	Date: _____
<input type="checkbox"/>	Death	Date: _____
<input type="checkbox"/>	Discharge	

LTC / PBM DISPENSING INFORMATION
Pharmacy Name: _____
Pharmacy Phone #: _____
Pharmacy Fax #: _____
Physician Name: _____
Physician Phone #: _____

Code: C = Covered by hospice NC = Not covered by hospice DC= Discontinue Medication on Profile

PROFILE ONLY	CODE	DATE	MEDICATION & DOSE	ROUTE	FREQUENCY
/	C	<i>example only</i>	<i>Morphine Sulfate 20mg/ml Take 5-10mg</i>	PO	<i>every 6 hours prn pain / sob</i>
Approved Length of Time From / / To / /	<input checked="" type="checkbox"/>	If Urgent Request By checking this box and signing below, I certify that applying the standard 72 hour review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.			

Authorized Signature	Non-Formulary Medications Covered per Patient Care Manager (Print Name Below)	Date	Time: <input type="checkbox"/> Faxed to OnePoint <input type="checkbox"/> Faxed to Pharmacy
Phone number:			

IMPORTANT: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agency responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address above via the United States Postal Service.