

Prior Authorization Request



PROVIDERS: For a faster turn-around, go to www.devoted.com/providers and submit your request through the Availity Provider Portal.

Member Information

Name:

Devoted Health Member ID:

D

Birth Date: (MM/DD/YY)

/ /

Information About You

(the person filling out this form)

Name:

Phone:

Fax:

Who Is Requesting Care?

Provider or Facility Name:

NPI Number:

Specialty:

Devoted PCP ID:

LX

Who Will Provide Care?

Provider or Facility Name:

NPI Number:

Address:

Specialty:

Tax ID Number:

 **Fax your completed form and documentation to 1-877-264-3872.**

Devoted Health is an HMO plan with a Medicare contract. Enrollment in Devoted Health depends on contract renewal.

Type of Care

Please be sure to fill in this section completely so we can respond as quickly as possible — all fields are required.

ⓘ **Attach any important clinical documentation that supports your request.**

Request Type: Inpatient Service/Procedure

Service Type: Inpatient Referral Surgery Home Health Care
 DME PT/OT/ST Chemotherapy Radiation Therapy
 Diagnostic Imaging Diagnostic Testing Part B Non-Oncology Other _____

Location: Office ASC Home Other
 Outpatient Hospital Outpatient Rehab Imaging Center _____

Start Date: (MM/DD/YY)

/ /

End Date: (MM/DD/YY)

to / /

Number of Visits/Units:

ICD-10 Code(s):

Diagnosis:

Procedure Code(s):

Urgent Requests

Check this box only if you need a response from us within 72 hours. Normal response time is 3 to 14 calendar days.

This is an urgent request. Waiting more than 72 hours could harm the member's health.



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