



Prior Authorization Request

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

Use this form to find out if Devoted Health will cover a specific treatment, device, or other medical service. **Please be sure to fill out both pages.**

Member information		
Name:	Devoted Health Member ID:	Birth Date: ____/____/_____

Information about you (the person filling out this form)		
Name:	Phone:	Fax:

Provider or facility that's <i>requesting</i> this treatment or service	
Provider/Facility Name:	Title (NP, PA):
Devoted Provider ID:	NPI Number:

Provider or facility that's <i>providing</i> this treatment or service	
Provider or Facility Name:	Title (NP, PA):
Address:	Specialty:
Devoted Health Provider ID (if known):	Tax ID Number:

Questions? Call provider services at 1-877-762-3515.

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

Type of treatment or service	
Service Type: ___ Inpatient ___ Outpatient ___ Other	
Service Location: ___ MD Office ___ Amb. Surg. ___ Home Health ___ DME ___ Other	
Service Start Date:	Service End Date:
Diagnosis:	Number of Visits/Units Requested:
ICD-10 Code:	Authorization Type:
Procedure Codes: _____ _____	

Do you want to expedite this request? ___ Yes ___ No
 We answer most requests within 14 calendar days. But if waiting that long could be harmful to our member, you can expedite this request and get an answer within 72 hours.

Keep in mind:

- We may need to ask you for more information about this request.
- We'll respond to the request within 14 calendar days (or 72 hours if expedited). But you may hear sooner — we process requests based on the member's needs.

Before you send us this form, make sure:

- You filled in every box (an incomplete forms will slow things down — and you might have to wait longer for answer)
- You attach any important clinical documentation that helps support your request

Please fax your completed form and documentation to:

1-877-264-3872

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