

Prior Authorization Form

Phone: 1-855-364-0974, TTY: 711

Fax: 1-855-734-9389

Date of Request: _____

For urgent requests (required within 24 hours), call Aetna Better Health of Ohio at 1-855-364-0974. For Inpatient Acute Physical Health and Behavioral Health Requests for ACT (H0040), IHBT (H2015), and SUD Residential Treatment (H2034, H2036) please use fax 1-855-734-9393. For all other Physical Health and Behavioral Health Service authorization requests please use fax 1-855-734-9389.

MEMBER INFORMATION

Name: _____

ID Number _____

Date of Birth: _____

Physician Name: _____

Other Insurance: _____

Gender (circle one): F M

REQUESTING PHYSICIAN OR PROVIDER INFORMATION

Referring Provider / Requesting Provider

Place of Service or Facility Name

Name: _____

Name: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

Fax #: _____

Fax #: _____

Specialty: _____

Specialty: _____

National Provider Identification (NPI): _____

NPI: _____

Contact Person: _____

Contact Person: _____

REFERRAL / AUTHORIZATION INFORMATION

Problem / Diagnosis (ICD-10 Code(s)): _____

Procedure / Test Requested (CPT Code(s)): _____

Date of Appointment or Service: _____ **Number of Visits Required:** _____

Type of Procedure (circle one): Inpatient Outpatient In-Office

Other Clinical Information - Include clinical notes, lab and X-ray reports, etc. (For procedures, please attach additional pages as necessary.): _____