arizona complete health
Complete Care Plan

# Outpatient Authorization Supplemental Form

Standard Requests: **Fax** 855-764-8513
Behavioral Health Requests: **Fax** 844-918-1192
Biopharmacy **Fax** 833-466-1311

This page is optional and meant to be used when an authorization request exceeds more than 4 Procedure Codes. When applicable, please submit this form with the Outpatient Prior Authorization Form to the applicable fax number.

*** INDICATES REQUIRED FIELD**

## MEMBER INFORMATION

* Medicaid/Member ID

Last Name, First

*Date of Birth (MMDDYYYY)

## SERVICING PROVIDER / FACILITY INFORMATION

*Servicing NPI

*Requesting TIN

Servicing Provider/Facility Name

## AUTHORIZATION REQUEST

| *Additional Procedure Code | *Start Date OR Admission Date | *End Date | Total Units/Visits/Days |
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| Additional Procedure Code | Start Date OR Admission Date | End Date | Total Units/Visits/Days |
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**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.
**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.