



# Outpatient Authorization Supplemental Form All Part B

All Part B Drug Requests: **Fax** 844-952-1487  
Expedited Requests: **Call** 800-977-7522  
Standard Requests: **Fax** 877-808-9362  
Transplant Requests: **Fax** 833-974-3120  
Behavioral Health Requests: **Fax** 844-918-1192

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

Additional Procedure Code

Start Date OR Admission Date

End Date

Total Units/Visits/Days

Additional Procedure Code

Start Date OR Admission Date

End Date

Total Units/Visits/Days

Additional Procedure Code

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Additional Procedure Code

Start Date OR Admission Date

End Date

Total Units/Visits/Days

Additional Procedure Code

Start Date OR Admission Date

End Date

Total Units/Visits/Days

**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.

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