UNIVERSITY PHYSICIANS HEALTH PLANS
PRIOR AUTHORIZATION FORM

ALL SECTIONS OF THIS FORM MUST BE COMPLETED & MEDICAL DOCUMENTATION MUST BE PROVIDED

Visit our Web site at www.uph.org to view the current formulary, to verify eligibility and much more…

FAX Form to: (866) 210-0512

Date:

Requesting Provider:

PCP (if different):

Office PA Contact:

Phone#:

Fax #:

PRIORITY Mark One**:**

☐ **Standard** (up to 14 days for approval)

☐ **Expedited*** (up to 72 hours for approval)
 * Providers must use "Expedited" *only* when medically necessary!

Please Note: Inappropriate Expedited requests may be down graded to Standard by UPHP

Member Name ______________________________

Date of Birth ______________________________

UPHP ID# ______________________________

Specialist Consult To: ______________________________

Specialist Location: ______________________________

Name of Procedure(s): ______________________________

Contracted facility to be used:______________________________

Date Scheduled (if known): ______________________________

Ancillary Service Request: ______________________________

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy
Number Visits ______________ / ______________

Diagnosis/ICD-9 code ______________ / ______________

Diagnosis/ICD-9 code ______________ / ______________

Diagnosis/CPT code ______________ / ______________

COMMENTS:

Response to Provider: UPHP has considered the above request and has made the following determination:

☐ Approved

☐ Denied for the Following Reason(s): # ______________

1. Requested service is not an AHCCCS covered benefit.
2. No notes were received with the request by UPHP in order to evaluate for medical necessity.
3. No documentation of medical necessity based on the information received for review by UPHP.
4. No documentation of trial / failure of conservative medical treatment(s) by the referring provider.

Denial letter type: ______________________________

Medical Director Signature: ______________________________ Date of Decision: ______________

Comments: