



Prior Authorization Request Form for Physician Alliance of the Rockies 2018

UHC Medicare Advantage Only

FAX: 844-287-9417

Phone: 720-445-9404 Option 2

Routine  Medically Urgent (Ordered STAT by physician - NOT due to scheduling urgency)

Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Inpatient  Outpatient  DME  Referral

Ordering Physician: \_\_\_\_\_

Submitting Provider if not ordering Physician: \_\_\_\_\_

Contact Name for Request: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Performing/Referred to Provider: \_\_\_\_\_

Facility: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_

Procedure/Services: \_\_\_\_\_

Referral: Number of visits \_\_\_\_\_

CPT: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

Clinical Information: **Please include clinical to support this request. Attach additional information if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use our Physician Pre-Authorization Portal. Access at Physician Alliance of the Rockies web-site: *paotr.com*. Simply click on the Portal access button to register. This allows for a quicker turn-around time and ease of knowing when your request is approved. Please call us with any questions.**