



Arizona Prior Authorization Fax Request Form
Fax: 888-899-1499 / Radiology Fax: 866-889-8061
Phone: 866-604-3267 / Radiology Phone: 866-899-8054

Please complete all fields on the form referring to the list of services that require authorization at UHCCCommunityPlan.com. Submit all relevant clinical data such as progress notes, treatment rendered, tests, lab results, and radiology reports to support the request for services. This will help us process your request without delay. Failure to provide sufficient information will delay your request.

Date: Contact person: Phone:

Fax: HIPAA secure fax line? Yes No

Requesting Provider: TIN/NPI:

Member Information

Member name: Member ID/JD#: Date of birth:
Member pregnant? Yes No Related to a motor vehicle accident or work-related injury? Yes No
Member has other insurance? Yes No If yes, Medicare Part A Part B
Other insurance name and policy #

Type of Request

Routine Expedited/Urgent (Request must include a physician's order stating that waiting for a decision under a standard timeframe could endanger the member's life, health, or ability to regain maximum functionality or would cause serious pain.)
Inpatient Outpatient Home

Servicing Provider and Facility Information

Servicing provider: TIN/NPI:
Address: Fax:
Date of service: In network Out of network
Servicing facility: TIN/NPI:
Address: In network Out of network
Will out of network provider accept Medicaid/Medicare default rate? Yes No

**AHCCCS Registration ID number:
All Providers/Facilities must have an AZ State AHCCCS Registration number to participate

Clinical Information

Diagnoses: ICD-10 codes:
Required CPT/HCPCS Code(s):
Miscellaneous and/or unlisted codes description required:
Number of visits: Start date: End date:
Frequency: DME Cost: \$
Number of previous visits/service description/CPT/HCPCS codes?:

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