

# Prior Authorization Request



We recommend submitting your request online at [InTouch.PacificSource.com](http://InTouch.PacificSource.com). Alternatively, you may use this form to submit a request via fax or mail.

- Please include pertinent chart notes to expedite this request.
- Incomplete information will delay the prior authorization process.
- Spinal surgery requests must include the [Prior Authorization Checklist - Instrumented Spinal Surgery form](#) (available on [PacificSource.com](http://PacificSource.com)) and supporting clinical documentation.

**Confidential fax:** 541-225-3625

**Mail** to PacificSource Health Services, PO Box 7068, Springfield OR 97475-0068

**Questions?** Call us at **888-977-9299**, TTY: 711. We accept all relay calls.

## Requesting provider contact information

Contact person \_\_\_\_\_ Office name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

## Patient information

Last name \_\_\_\_\_ First name \_\_\_\_\_

DOB \_\_\_\_\_ Member number \_\_\_\_\_

## Procedure information

CPT/HCPCS/CDT and description \_\_\_\_\_

CPT/HCPCS/CDT and description \_\_\_\_\_

CPT/HCPCS/CDT and description \_\_\_\_\_

CPT/HCPCS/CDT and description \_\_\_\_\_

CPT/HCPCS/CDT and description \_\_\_\_\_

Dates of service \_\_\_\_\_ To be scheduled

Diagnosis codes and descriptions \_\_\_\_\_

Comments \_\_\_\_\_

Retrospective review

Dental under medical

Durable medical equipment    Rental    Purchase    Cost \$ \_\_\_\_\_

## Provider information

Ordering provider or surgeon \_\_\_\_\_ NPI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID \_\_\_\_\_

Place of service, vendor, or facility \_\_\_\_\_ NPI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID \_\_\_\_\_