

PRIOR AUTHORIZATION



Generic fax request form

Providers: you must get Prior Authorization (PA) for services before service is provided. PA is not guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations.

Date ____/____/____

Please check request type

Standard request

Note: If the service has already been provided, please follow retro process and submit claim.

Expedited Requests-May take up to 72 hours.

I certify that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

Provider signature required

Patient name

Requesting provider

Patient address

Provider address

Patient phone #

Provider TIN# (Tax ID)

Provider NPI #

Patient ID #

Contact name

Patient birthdate

Contact phone #

Contact fax #

Date of service ____/____/____

Name of facility/place of service/specialist:

Facility TIN# (Tax ID):

MA ONLY: Is provider part of a regulated facility?

Yes No

Facility Address:

Diagnosis with ICD 10

Inpatient

Outpatient

Service or procedure, including codes

Quantity or number of visits requested

Please fax this form and supportive clinical to Pre-Cert department below:

| Market | Phone # | Fax # |
|--------|---|--------------|
| AZ | 800.882.4462 and follow the prompts to prior-authorization | 866-730-1896 |

- For a list of Cigna-Healthspring services requiring PA, visit cigna.com/medicare/medicare/healthcare-professionals/ or our Pre-Cert Department
- If you need help finding a PAR facility or provider, please call 800-230-6138 or visit cigna.com/medicare and use the Provider Search Tool.