Banner
University Health Plans

Today's Date: ____________

Medical Prior Authorization Form

ALL fields on this form are required for processing this request, if incomplete, will be returned.
Please attach ALL pertinent clinical information with your submission.
Fax completed form to: (520) 874-3418 or (866) 210-0512 *(Please only submit to one fax number.)*

Submission Type: ☐ AHCCCS ☐ Medicare

Health Plan: ☐ Banner – University Family Care/ACC ☐ Banner – University Family Care/ALTCS ☐ Banner Medicare Advantage Dual

Member Name: Last ____________ First ____________ MI ______

Member Date of Birth: ____________ Member ID#: ____________

Provider making this request (Name & Provider Type): ____________

Address: ____________

City: ____________ State: _____ Zip: _______

NPI: ____________ TID: ____________

Phone #: ____________

☐ In-Network ☐ Out-of-Network

*Name/Direct Contact (Requesting Provider office): ____________

Backline #: ____________ Ext: ______

Fax #: ____________

Office Email: ____________

Provider and/or Facility to perform the request: ____________

Specialty Type: ____________

Address: ____________

City: ____________ State: _____ Zip: _______

NPI: ____________ TID: ____________

Out-of-Network Provider/Facility: ☐ Yes ☐ No

All Out-of-Network provider/facility, provide reason:

☐ Outpatient ☐ Inpatient ☐ Office ☐ Home

Facility Information (Outpatient/Inpatient Only):

Name: ____________

Address: ____________

City: ____________ State: _____ Zip: _______

Phone #: ____________

NPI: ____________ TID: ____________

Procedure Requested:

Description: ____________

Date of Procedure (if sched): ____________

HCPC/CPT Code: ____________

HCPC/CPT Code: ____________

ICD-10 Code: ____________

ICD-10 Code: ____________

Expedite - defined as member's life, health or ability to regain maximum function is in serious jeopardy if determination is not made in the standard timeframe. **Request must include supporting documentation to substantiate an expedited review.**

Explanation Required:

Comments: