Banner University Health Plans
Banner – University Family Care

Behavioral Health Prior Authorization Form

** Please attach **ALL** pertinent clinical Information with your submission.

** Fax Completed form to:

Fax: (520) 694-0599

Today's Date: ____________

Health Plan:

- ☐ Banner – Complete Care (ACC)
- ☐ Banner - University Family Care (ALTCS)
- ☐ Banner - Advantage (Medicare)

Requesting Provider Name & Type:

____

Address: ______________________________

City: ____________**State:**_____**Zip:**________

Phone: ______________________________

NPI ID: ______________________________

Tax ID:

Direct Contact/Backline for Requesting Provider:

____

Backline #: ______________________________

Fax #: ______________________________

Email Address: ______________________________

☐ **Standard (up to 14 days for approval)**

☐ **Expedited (up to 72 hours for approval)**

*Expedited authorization may be requested when the provider determines that using the standard time frame could **seriously jeopardize the member's life and/or health or ability to attain, maintain or regain maximum function.**

Place of Service: (If facility info is not noted above)

Facility Information Name:______________________________

Address:______________________________

City:____________**State:**_____**Zip:**________

Phone: ______________________

NPI ID: ______________________________

Tax ID: ______________________________

Member Name Last: ______________________________

Member Name: First: ______________________________

Date of Birth: ______________________________

AHCCCS ID#: ______________________________

(Which specialty provider are you referring the member to)

Name of the Specialist to:

____

Specialty Type: ______________________________

Address: ______________________________

City: ____________ **State:**_____ **Zip:** ________

NPI #: ______________________________

Tax ID #: ______________________________

Out Of Network Provider: ☐ Yes ☐ No

Procedure Requesting: ______________________

HCPC//CPT Code/Units: ______________________

HCPC//CPT Code/Units: ______________________

HCPC//CPT Code/Units: ______________________

HCPC//CPT Code/Units: ______________________

Diagnosis ICD-10 Code: ______________________

Diagnosis ICD-10 Code: ______________________

Comments:

Note: Inappropriate Expedited requests may be downgraded to Standard by the Health Plan.

Further information can be found on the Behavioral Health Comprehensive Provider Manual Supplement