# Molina Healthcare – Prior Authorization Request Form

**Phone: 855-322-4077 Fax: 800-594-7404**

## Member Information

| | | |
|---|---|---|
| **Member Name:** | | **DOB**: |
| **Member ID#:** | | **Member Phone**: |
| **Service Type:** | ☐ Non-Urgent/Routine/Elective ☐ Urgent/Expedited | |

## Service Requested

| **Inpatient Services:** | **Outpatient Services:** | | |
|---|---|---|---|
| ☐ Surgical Procedure<br>☐ Transplant | ☐ Chiropractic<br>☐ Dialysis<br>☐ DME<br>☐ Genetic Testing<br>☐ Home Health<br>☐ Hyperbaric Therapy<br>☐ Imaging/Special Tests<br>☐ Infusion Therapy<br>☐ Non-Par Provider Request<br>☐ Occupational Therapy | ☐ Office Procedures<br>☐ Pain Management<br>☐ Physical Therapy<br>☐ Radiation Therapy<br>☐ Sleep Study<br>☐ Speech Therapy<br>☐ Surgical Procedures<br>☐ Transplant<br>☐ Wound Care<br>☐ Other: _________ | ☐ **Continuation of Care (COC)** – Non par provider requesting services for COC<br><br>☐ **Home care** - Eval + 6 visits have been used this calendar year<br><br>☐ **PT/OT/ST** – Eval + 12 visits have been used this calendar year |

| Date of Service | Diagnosis Code | Procedure/HCPC Code | Service Description | Requested Units/Visits |
|---|---|---|---|---|
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## Provider Information

### Requesting Provider/Facility: (Decision will be sent to the requesting provider/facility)

| | | | |
|---|---|---|---|
| **Provider Name:** | **NPI#:** | **TIN#:** | |
| **Phone**: | **Fax:** | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| **Office Contact Name:** | **Office Contact Phone**: | | |

### Servicing Provider/Facility:

| | | | |
|---|---|---|---|
| **Provider/Facility Name:** | **NPI#:** | **TIN#:** | |
| **Phone**: | **Fax:** | | |
| **Address:** | **City:** | **State:** | **Zip:** |

**Information generally required to support authorization decision making includes:**

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.