Prior Authorization Request



PROVIDERS: For a faster turn-around, go to www.devoted.com/providers and submit your request through the Availity Provider Portal.

Name:				
Devoted Health Member ID:	Birth Date: (MM/DD/YY)			
Name:				
Phone:	Fax:			
Provider or Facility Name:	NPI Number:			
Specialty:	Devoted PCP ID:			
Provider or Facility Name:	NPI Number:			
Address:				
Specialty:	Tax ID Number:			
	Devoted Health Member ID: D			



Fax your completed form and documentation to:

HMO plan members 1-877-264-3872

HMO D-SNP plan members 1-833-434-0541

Type of Care

Please be sure to fill in this section completely so we can respond as quickly as possible — all fields are required.

(!) Attach any important clinical documentation that supports your request.

Request Type:	Referral	Inpatient	Service/Procedu	re	
Service Type:	Inpatient DME Diagnostic Imaging	Referral PT/OT/ST Diagnostic Testing	Surgery Chemotherapy Part B Non-Oncology	Home Health Care Radiation Therapy Other	
Location:	Office Outpatient Hospital	Outpatient Rehab	Home Imaging Center	Other	
Start Date: (MM/DD/YY) End Date: (MM/DD/YY) Number of Visits/Units:					
ICD-10 Code(s):		Diagnosis:			
Procedure Code(s):					
Urgent Requests					
Check this box only if you need an expedited response. For Part B drug requests, standard response time is 72 hours. Expedited response time is 24 hours. For all other requests, standard response time is 3-14 calendar days. Expedited response time is 72 hours.					
This is an urgent request. Waiting more than 72 hours (or more than 24 hours for a Part B drug) could harm the member's health.					



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