

Prior Authorization Request Form

Use this form to request prior authorization for a medical item or service or Part B drug for a St. Luke's Medicare Advantage Rx (HMO) member. If you are seeking prior authorization for a Part D drug, please use our Pharmacy Prior Authorization Request Form. You are strongly encouraged to include supporting clinical documentation with your request. Submissions without clinical documentation may be considered incomplete.

MEMBER/PATIENT INFORMATION		
First Name:	Last Name:	Middle Initial:
Date of Birth:	Member ID:	
Plan name: ☐ St. Luke's Advantage Rx 01 ☐ St. Luke's Advantage Rx 02 ☐ St. Luke's Advantage Rx 03		

PROVIDER INFORMATION		
Referring Provider Name:	Referring Provider Address:	
Referring Provider NPI:	Referring Provider Specialty:	
Office Contact Name:	Phone Number:	Fax Number:
Servicing Provider Name:	Servicing Provider Address:	
Servicing Provider NPI:	Servicing Provider Specialty:	
Office Contact Name:	Phone Number:	Fax Number:
Facility Name:	Facility Address:	
Tax ID:	Facility NPI:	Facility Phone:

SUBMITTER OF THE REQUEST

First Name:

Last Name:

Phone Number:

Relationship to Member:

SERVICE REQUESTED

Location:

☐

Inpatient

☐

Outpatient

Date of Service:

Clinical Urgency:

☐

Standard (Non-Urgent)

☐

Urgent

☐

Emergency Admission

An expedited review is most appropriate if the standard timeframe for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Primary Diagnosis:

Description of service(s):

Code/Description:

Number of units:

Code/Description:

Number of units:

Code/Description:

Number of units:

Code/Description:

Number of units:

Prior authorization is not a guarantee of payment; payment is subject to member eligibility and benefits at the time of service.

For questions about this form, please call Medical Management at **833-840-1227 (TTY: 711)**. We are available from 8:00 a.m. to 5:00 p.m., Monday to Friday. Submit completed forms to St. Luke's Health Plan via email, mail, or fax:

Email: preauthmedicare@slhealthplan.org

Fax: 833-840-3414

Mail:

St. Luke's Health Plan
Attn: Medical Management
PO Box 1739
Boise, ID 83702