



BY INNOVATIVE INTEGRATED HEALTH

1125 North Magnolia Ave • Anaheim, CA 92801
PHONE (714) 798-9044 • FAX (855) 866-0877

REQUEST FOR PRIOR AUTHORIZATION

PATIENT INFORMATION

PATIENT NAME: (LAST, FIRST, MI) DATE OF BIRTH: (MO/DAY/YR)

PACE I.D.#: GENDER: M F

SERVICES REQUIRING PRIOR AUTHORIZATION (PLEASE CHECK REQUESTED SERVICE)

- Cardiac Testing (Echo, Stress Test-Treadmill, Holter, Carotid US, Nuclear Study, Stress ABI, etc.)
Colonoscopy; EGD
Dental Procedure (Implants, Bridges, Crowns, etc.)
Dermatology Procedures
DME Purchase over \$100
DEXA Scan
Genetic Testing
Infusions - Ambulatory
Injections: Self-injectables; In-office injectable
MRI, MRA, CT & Pet Scans
Obesity Surgery
Out-of-Plan Provider
Pulmonary Function Tests (PFT)
Thyroid US and Biopsy
Sleep Studies

TYPE OF REQUEST

- URGENT for acute conditions requiring care within 72 hours or less.
NON-URGENT for routine, elective service

TYPE OF SERVICE

- Inpatient
Outpatient
2nd Opinion Consult
Consult
Consult and Treat
Other

FROM - REQUESTING PHYSICIAN

Provider: Tax I.D.#:
Contact Person: Phone Number:
Physician's Signature: Date:

REFERRED TO:

SPECIALIST NAME (PRINT) PHONE# FAX
ADDRESS

CLINICAL INFORMATION

ICD-10 Codes (required) Diagnosis Description:
CPT/HCPC Codes (required) CPT Description: Quantity Req.:
Comments:

ATTACH APPROPRIATE MEDICAL RECORDS TO EXPEDITE REFERRAL:

- PROGRESS NOTES CONSULTANT'S NOTES NOTES WITH SPECIFIC FINDINGS
EKG LAB REPORT X-RAY REPORT
IMAGING STUDY REPORT MEDICATIONS LIST CARDIAC RELATED STUDIES
IMMUNIZATION RECORD OTHER

FAX COPY TO (855) 866-0877

Authorization is not guarantee of payment. Payment is dependent upon eligibility and covered benefits at the time services are rendered.