

EqualityCare Prior Authorization Form

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|---|--------|--------|---------------------------------------|--|--------------------|
| I. PATIENT INFORMATION | | | | II. PROVIDER INFORMATION | |
| 1. DOB | 2. SEX | 3. AGE | 4. EQUALITYCARE ID# | 9. NPI NUMBER | 10. TAXONOMY |
| 5. PATIENT NAME (LAST, FIRST, MI) | | | | 11. PROVIDER NAME | |
| 6. STREET ADDRESS | | | | 12. STREET ADDRESS | |
| 7. CITY, STATE, ZIP CODE | | | | 13. CITY, STATE, ZIP CODE | |
| 8. TELEPHONE NUMBER | | | | 14. TELEPHONE NUMBER CONTACT NAME | |
| III. SERVICE INFORMATION | | | | 15. DATE(S) OF SERVICE MM/DD/YY FROM TO | |
| 16. PROPOSED MEDICAL SUPPLIES, PHARMACY, SURGICAL PROCEDURES OR OTHER SERVICES, (LIST PRIMARY PROCEDURE FIRST) | | | 17. PROCEDURE, NDC OR REVENUE CODE(S) | 18. UNITS | 19. ESTIMATED COST |
| 20. TREATING PROVIDER NPI NUMBER | | | | | |
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| 21. SUMMARY OF HISTORY (DIAGNOSIS, DATE OF ONSET, PROGNOSIS, PHYSICAL EXAMINATION, LABORATORY, X-RAY STUDIES, PHARMACY, AND APPLICABLE DOCUMENTATION MUST BE SUPPLIED IN SUFFICIENT DETAIL TO SATISFY THE MEDICAL NECESSITY FOR THE PRESCRIBED SERVICE. ADDITIONAL DOCUMENTATION MAY BE ATTACHED WHEN NECESSARY.) | | | | | |
| 22. REFERRING WYOMING PHYSICIAN: | | | TELEPHONE NUMBER: | | |
| (IF THIS AUTHORIZATION REQUEST IS FOR SERVICE TO BE RENDERED OUT-OF-STATE, A BRIEF JUSTIFICATION STATEMENT IS REQUIRED) | | | | | |
| 23. VERBAL AUTHORIZATION GIVEN BY: | | | DATE: | | PA NUMBER: |
| 24. TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT. | | | | | |
| SIGNATURE OF PROVIDER: | | | | DATE: | |
| IV. AUTHORIZATION (FOR STATE USE ONLY) | | | | | |
| AUTHORIZATION IS VALID FOR SERVICES 25. FROM DATE: 26. TO DATE: | | | | | |
| 27. PRIOR AUTHORIZATION NUMBER: | | | | | |
| 28. COMMENTS/EXPLANATION: | | | | | |

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO THE PATIENT'S ELIGIBILITY AND WYOMING BENEFIT LIMITATIONS. BE SURE THE EQUALITYCARE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICES.

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