



Advanced Health
 289 LaClair St, Coos Bay, OR 97420
 Voice: 541-269-7400 • 800-264-0014
 Fax: 541-269-7147 • TTY: 877-769-7400

Infusion Service Authorization Request

• For questions call: 541-269-7400 • Fax Completed Form and Records to 541-269-7147•
**** PLEASE NOTE: INCOMPLETE FORMS WILL DELAY THE AUTHORIZATION PROCESS ****

Member Name: _____ Plan ID #: _____ DOB: ___/___/___

Requesting Provider: _____ Contact Name: _____

Requesting Provider NPI#: _____ Fax #: _____

Phone #: _____ Initial Service Renewal

Prescribing MD: _____ Re-Evaluation Date: ___/___/___

Prescribing MD NPI#: _____

Requested Dates: ___/___/___ to ___/___/___

ICD-10 Code(s): _____ (*Required) Place of Service (Facility): _____ (*Required)

Type of Service Requested	Prescribed Therapy/Services and Order	J Code & Units Requested
TPN/Parenteral Nutrition		
Chemotherapy		
Pentamidine		
Antivirals		
Antibiotics		
Nursing Services (list codes)		
Equipment (list codes)		

Frequency of Service:

Continuous Daily Hours/Doses per day: _____

Signature of Requesting Provider: _____ Date: ___/___/___

Disclaimer: Prior Authorization does not assure payment, which also depends on patient eligibility on date of service, contract terms, and compliance with rules, regulations and policies of DMAP, Medicare, and Advanced Health as applicable.