

Prior Authorization Request Form



***YOU MUST SUBMIT CLINICAL DOCUMENTATION TO SUPPORT YOUR REQUEST**
PLEASE NOTE – AUTHORIZATIONS MAY BE REQUESTED ONLINE VIA [ONEHEALTHPORT](#)

DATE: _____

Fax: 1-855-402-1684

Phone: Washington: 1-877-836-6806

Oregon: 1-866-565-3664

- Humana HMO Medicare Advantage
- Premera HMO Medicare Advantage
- UnitedHealthcare AARP West Medicare Advantage (HMO/PPO)
- UnitedHealthcare Community & State (Apple Health)

Routine

Urgent

Urgent is defined as a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity such that if services are not received within 24 hours of the request **the person's situation** is likely to deteriorate to the point that emergent services are necessary.

[*INPATIENT NOTIFICATIONS/SNF ADMISSIONS – FAX TO 253-627-4708*](#)

Patient Name:	Member ID:
DOB:	Phone Number:

Requesting Provider:	Servicing Provider:
NPI: _____ TIN: _____	NPI: _____ TIN: _____
Address:	Address:
Phone:	Phone:
Fax:	Fax:

Inpatient

Outpatient

Diagnosis and ICD-10 code(s):	Date of Service:
CPT Code(s):	
Quantity:	
Facility Information:	NPI: _____ TIN: _____
Comments:	

PLEASE NOTE: Authorization does not ensure payment of services. All claims are subject to normal policy limitations, current eligibility, and plan requirements. **AUTHORIZATION STATUS IS AVAILABLE ONLINE VIA ONEHEALTHPORT. AUTHORIZATION LETTERS WILL BE FAXED TO PCP & SERVICING PROVIDER UPON PROCESSING.**

Submit Claims to: Optum Care Network
Electronic ID: Life1
Clearinghouse: Optum 360

Effective 1/1/2022

PAYMENT SUBJECT TO CURRENT ELIGIBILITY AT THE TIME OF SERVICE