Clever Care HEALTH PLAN

Prior Authorization Request Form

Fax to 1-657-276-4719

Instructions: Please complete all fields on this form and submit any pertinent clinical information (i.e. progress notes, treatment rendered, test/lab results or radiology reports) to support the request for services in order to be processed in a timely manner. Any request for a non-contracted provider must include documentation to substantiate the reason for the request. When the completed form has been received, your request will be completed within 72 hours expedited / 14 days standard for non-Part B drug requests. Part B drug requests will be processed within 24 hours expedited / 72 hours standard.

Save time and speed up the authorization determination process by using Clever Care's provider portal. Log on to https://eznet.clevercarehealthplan.com/ or give us a call at (714) 650-8709 to register.

☐ **Expedited: defined as danger to a member's health if not provided within 72 hours**
Clinical reason for expedition: _____

Member Information			
Member Name:			
Member DOB:	**Member ID:**		**Zip code:**

Requesting Provider Information:			
Requesting Provider:		**Contact Person**	
		Phone #	
NPI or Tax ID:		**Fax #**	

Referred to Provider (or leave blank for Clever Care to fill in)			
Servicing Provider:		**Facility Name:**	
Address:		**Address:**	
NPI or Tax ID:		**NPI or Tax ID:**	
Phone #		**Phone #**	
Fax #		**Fax #**	

Service Request		
Inpatient	☐ Inpatient Emergent Notification ☐ SNF ☐ IRF ☐ LTAC ☐ Acute Elective ☐ Psychiatric Inpatient	
Outpatient	☐ Advanced Imaging MRA/MRI, CT, PET ☐ Ambulance/Transport ☐ Behavioral Health ☐ Chemotherapy ☐ Dialysis ☐ DME ☐ Elective Surgery ☐ Genetic Testing ☐ Home Health ☐ Home Infusion ☐ Hospice ☐ Nuclear Imaging ☐ Part B Drugs ☐ Podiatry ☐ Prosthetics/Orthotics ☐ Radiation Therapy ☐ Transplant ☐ Other:	
ICD-10 Code(s)		
ICD-10 Desc		
CPT / HCPCS		**# of Services Requested**:
Proc Desc		
Supporting Clinical Information, Physician Order, and/or Forms Attached? ☐ Yes ☐ No: enter details below		
Signature:		