



Out of Network Provider Use Only
Prior Authorization Request Form for Alliance Health Plan

Telephone: 1-877-403-6164 Fax: 1-877-552-6551

| DMEPOS Provider Information | | | | | |
|---|------------|-------------------------|---------------------------|------------------|----------|
| Date Of Request: | | Provider NPI #: | | | |
| Provider Name/City/State: | | | | | |
| Contact Person: | | Phone #: | | Fax#: | |
| Patient/Member Information | | | | | |
| AHP ID #: | | | Date of Birth: | | |
| Last Name: | | | First Name: | | |
| Patient Phone #: | | Patient Height: | | Patient Weight: | |
| Ordering Physician Name: | | | | | |
| Ordering Physician Phone #: | | | Ordering Physician NPI #: | | |
| Other Insurance Name: | | | Other Insurance #: | | |
| Equipment/Medical Supply | | | | | |
| Date of Service | HCPCS Code | Diagnosis Code (ICD-10) | Modifier (NU/RR/BO/BA) | Modifier (RT/LT) | Quantity |
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| Utilization Management Section | | | | | |
| Have you attached the medical documentation necessary to review this request? <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e. requests for over-quantity should have valid prescription and LOMN attached; requests for Enteral nutrition should have valid prescription (height, weight, BMI), LOMN and growth charts (infants). | | | | | |
| Is this an urgent/emergent request? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was this dispensed from a loan closet or stock and bill? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Manufacturer cost invoices must be submitted for NOC/IC codes. If this is an NOC/IC code request, have you attached your manufacturer cost invoice? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Important Note Section | | | | | |
| To document medical necessity for the item/service requested above, the written diagnosis and supporting clinical information must be attached and included with your request, and be signed by a qualified practitioner (PCP, treating Physician/ARNP). | | | | | |
| All durable medical equipment, prosthetics, orthotics, medical supply (DMEPOS) require a preauthorization. If any DMEPOS service is provided without a preauthorization, the claim will be denied. | | | | | |
| Authorizations are performed Monday through Friday, 8:30 a.m. to 5:00 p.m. Urgent/emergent requests for services performed after-hours or on weekends need to be requested within the next two (2) scheduled business days. | | | | | |
| If you do not receive a response to your fax request within 2 business days please call Northwood at 1-877-807-3701. | | | | | |