



# PHC PHARMACY SERVICES

## Treatment Authorization Request (TAR)

### for PHC Medi-Cal Members

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

4665 Business Center Dr.

Fairfield, CA 94534

(707) 863-4414 or (800) 863-4155

**(707) 419-7900 FAX**

**IF NOT TYPED, PLEASE MAKE SURE HANDWRITING IS NEAT & EASY TO READ**

PROVIDER NPI: \_\_\_\_\_

**PLEASE  
ENTER  
YOUR  
NAME,  
ADDRESS,  
PHONE &  
FAX**

- NAME: \_\_\_\_\_
- ADDRESS: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- FAX: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- MEDICALLY URGENT**
- Continuing Care from another plan  
(Include records showing fill history)
- EMERGENCY ROOM Rx
- HOSPITAL DISCHARGE Rx
- COMPOUND Rx
- PART D EXCLUDED PER CMS
- MEDICARE B 20% COPAY
- PHC TAR RENEWAL
- eCOB (Copay > \$50; additional form required)
- RETROACTIVE REQUEST** (Include  
reason for RETRO in Medical  
Justification section)  
SPECIFY RETROACTIVE DATE(S) BELOW:

NAME AND ADDRESS OF PATIENT  
PATIENT NAME (LAST, FIRST, M.I.)

IDENTIFICATION NO.

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER AREA

( )

SEX

AGE

DATE OF BIRTH

M M D D Y Y

 HOME BOARD & CARE FOSTER CARE ACUTE, AWAITING  
DISCHARGE SNF/LTC, ADMIT DATE:

DIAGNOSIS DESCRIPTION (ICD-9 OPTIONAL):

MEDICAL JUSTIFICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PRESCRIPTION INFORMATION

PRODUCT NAME, STRENGTH & DOSAGE FORM

NDC:

DIRECTIONS (HOW MUCH, WHAT ROUTE, HOW OFTEN & FOR HOW LONG):

QUANTITY PER FILL

### PRESCRIBER INFORMATION & AUTHOR ATTESTATION

NAME

CIRCLE ONE:

MD DO PA DDS/DMD DPM OD FNP

ADDRESS

DEA or NPI:

PHONE

FAX

SPECIALTY:

To the best of my knowledge, the above information is (1) TRUE, ACCURATE & COMPLETE, and (2) the requested services are medically indicated and necessary to the health of the patient.

Signed: \_\_\_\_\_

TITLE

DATE

PRINT NAME OF CONTACT PERSON

NOTE: Approval does not guarantee payment. Payment is subject to Eligibility, SOC & Careve-Out status. Start dates are determined by PHC review, unless Retro is specified above. SPH01-MC\_01012013TAR