DMAP Authorization Request Cover Sheet

Complete the following information and fax **with your completed prior authorization (PA) request** to the number listed below. DMAP processes routine PA requests within 5 working days of receipt of the request. To avoid unnecessary delays, be sure your PA request is complete and you include all required documentation. Criteria for PA's is found on the DHS web site. Go to the following address and select the appropriate program rules:

http://www.dhs.state.or.us/policy/healthplan/guides/main.html

If your PA request does not support expedited processing, it will receive routine processing.

Provider Information

NAME: _____   DMAP Provider #: _____

Phone number:_____   Fax number:_____

Contact:_____

Client Information

Recipient ID #:_____

Type of Request

❑ Process within 5 working days of receipt by DMAP.

You <u>must</u> include supporting documentation if you request the following expedited processing:

❑ Process within 3 working days of receipt by DMAP (justification required below).

❑ Process within 24 hours of receipt by DMAP (justification required below).

Justification/reason for expedited processing:

_____

_____

_____

Date of request: _____

For requests (meeting expedited criteria) with missing information:
 DMAP will inform the provider, within the expedited time frame, of the missing information.

Fax Cover Sheet and PA Request to:
DMAP Medical Unit
(503) 378-5814

# of pages in this fax _____ (including cover sheet)

NOTE: For MCM-FFS Medical Management clients and MFCU clients, refer to PA Contact sheet.