

Medical Prior Authorization Request – Florida Medicaid and Healthy Kids



Fax the completed form to: **(860) 607-8056** for *Florida Medicaid, Healthy Kids*

Or **877-479-8546** for *Medicaid Obstetrics*

Telephone: **800-447-3725, Option "0"**

Priority: ☐ Urgent/Emergent ☐ Routine/Standard Request
Product: ☐ Medicaid ☐ Florida Healthy Kids

Provider/PCP Information

Patient Information

Name:		Name:	
Address:		Member ID:	
City, Zip Code:		Date of Birth:	
Phone:		Date of Request:	
Fax: (Required to process authorization)			
Contact Person:			

SERVICE REQUESTED: Fax Clinical/Plan of Treatment for Request

Service Requested:		Date of Service:	
Diagnosis:		ICD-Code(s): (Required to process authorization)	
CPT Code(s): (Required to process authorization)		Phone Number:	
Provider/Facility:			
Address:			
City, Zip Code:			
Procedure:			
<input type="checkbox"/> Inpatient Surgery	<input type="checkbox"/> Outpatient Surgery	<input type="checkbox"/> Other:	

CLINICAL INFORMATION WITH SUPPORTING DOCUMENT(S) (Required to process authorization)

Primary Care Physician Signature: _____

SERVICE PROVIDER INSTRUCTIONS

- All fields in form MUST be completed for your authorization to be processed.
- Authorization is not a guarantee of payment.
- Verify member eligibility and benefits prior to rendering service.
- Submit claim to the address on the member's ID card.
- Specialty network physicians should follow network guidelines.

AUTHORIZATION APPROVAL (To be completed by the plan)

Authorization #:		Date Issued:	
------------------	--	--------------	--