

www.amerihealthcaritasla.com

Please complete this form in its entirety. For a list of services that require authorization, please refer to the following:
www.amerihealthcaritasla.com/provider/resources/priorauth/index.aspx.

Date: _____ Contact person: _____

Telephone number: _____ Fax number: _____

Secure fax? Yes No

Requesting provider: _____

Requesting provider NPI and AmeriHealth Caritas ID: _____

Servicing provider: _____

Servicing provider NPI and AmeriHealth Caritas ID: _____

Is the requesting provider participating? Yes No Is the servicing provider participating? Yes No

EPSDT Coordinator: _____

EPSDT phone number: _____

Member name: _____ Member date of birth: _____

Member ID number: _____

Member address: _____

Member phone number: _____

Type of service requested: _____ ICD-9 code(s): _____

CPT and HCPCS code(s): _____

Procedure(s): _____

Number of visits: _____ Duration and frequency: _____

Please fax to 1-866-397-4522.

Note: in order to process your request in a timely manner, please submit any pertinent clinical information to support the request for services. If an out of network provider is being utilized, please submit documentation to substantiate the use of an out of network provider as well. Please contact AmeriHealth Caritas' Utilization Management department at 1-888-913-0350 for questions.