

www.amerhealthcaritasla.com

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

Date:	Contact person:
Telephone number:	Fax number:
Secure fax? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Requesting provider:	
Requesting provider NPI and AmeriHealth Caritas ID:	
Servicing/treating provider:	
Servicing/treating provider NPI and AmeriHealth Caritas ID:	
Is the requesting provider participating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the servicing/treating provider provider participating? <input type="checkbox"/> Yes <input type="checkbox"/> 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-10 code(s):
CPT and HCPCS code(s):	
Procedure(s):	
Number of visits/units:	Duration and frequency/dates of service:

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.