

## Johns Hopkins Advantage MD Plans Prior Authorization Request Form

All fields are mandatory. Chart notes are required and must be faxed with this request. Incomplete requests will be returned.

For Preservice Medical, fax this form to 1-855-704-5296.

For Concurrent Medical, fax this form to 1-844-240-1864.

For Preservice Behavioral Health, fax this form to 1-844-363-6772.

For Concurrent Behavioral Health, fax this form to 1-844-699-7762.

Patient Information	
Requesting provider:	Primary care physician:
Patient name:	Member/patient ID number:
Patient address:	City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>
Date of birth:	Group number:
Procedure Information	
ICD-10 code(s):	Requested service(s):
CPT code(s):	<input type="checkbox"/> Consult <span style="margin-left: 100px;"><input type="checkbox"/> Inpatient</span>
Date of procedure:	<input type="checkbox"/> Office visit <span style="margin-left: 100px;"><input type="checkbox"/> Outpatient ASC</span>
Facility:	<input type="checkbox"/> Surgery
Facility tax identification number:	<input type="checkbox"/> Diagnostics
Facility national provider identifier:	<input type="checkbox"/> Other
Name of provider referred to:	Number of visits requested:
NPI #:	Authorization numbers
TIN #:	
Address, city, state and zip of the provider to whom the patient is referred:	
Phone number of that provider:	Authorization Units
Comments:	
Contact name:	<input type="checkbox"/> <b>Please expedite!</b> This provider believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. <i>(CMS definition)</i>
Contact phone:	
Contact fax:	
Total pages faxed, including this cover page:	<input type="checkbox"/> Please review for in-network benefits.