



### Prior Authorization Form

#### CarePlus Medical Management

Fax to: 864-560-7325

Phone: 864-560-6042 or 1-800-964-3477

**Care Plus Medical Management staff will furnish reference number and fax reply.**  
**Non-Urgent authorizations will be processed within 5 business days after all clinical data is received.**

Physician Office Contact:	Telephone #:
Date of Service:	Fax #:
Insured ID #:	Name of Insurance Plan:
Patient's Name:	DOB:
Requesting MD:	Diagnosis Code:
Place of service:	Procedure Code:
Inpt _____ Outpt _____ 23 hr. Obs _____ Home _____ Office _____ Other _____	
<b>MEDICAL INFORMATION TO JUSTIFY SURGERY OR PROCEDURE (either fax record or document below)</b>	
Approved _____ Denied _____	

Reference Number: \_\_\_\_\_

Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_

**We are authorizing for medical necessity. We advise you to call the Claims Payor regarding benefits, eligibility and how this claim will be paid. Procedures and / or treatments considered Experimental, Investigational, or Unproven are excluded from plan coverage.**