

Prior Authorization Form



Please return the completed form and applicable supporting clinical documents to:
 Aspirus Health Plan, Attn: Integrated Health Services, PO Box 1062, Minneapolis, MN 55440
 or Fax: 763.847.4014

DATE OF REQUEST	
START DATE OF SERVICES	

PATIENT INFORMATION

Patient Last Name	Patient First Name	Member ID	Patient Date of Birth
-------------------	--------------------	-----------	-----------------------

ORDERING PROVIDER INFORMATION

Ordering Provider Name			NPI
Site/Location Name		TIN	NPI
Site/Location Address	City	State	ZIP
Site/Location Contact Person	Phone	Fax	

Fax notifications related to this request *(by checking this box, you will not receive mail notifications).*

SERVICING PROVIDER INFORMATION

Check if servicing provider is same as ordering provider.

Servicing Provider Name			NPI
Site/Location Name		TIN	NPI
Site/Location Address	City	State	ZIP
Site/Location Contact Person	Phone	Fax	

Comments (indications for treatment)

SERVICES REQUESTED *(Supporting clinical documentation must accompany this request)*

Consult Only
 Follow-Up
 DME
 Lab/X-Ray
 Home Care
 Hospice
 Skilled Nursing
 Outpatient Therapy *(Physical, Occupational, Speech)*:
 Habilitative
 Rehabilitative
 Surgery:
 Inpatient
 Outpatient
 Other _____

Primary Diagnosis Code	Description
Procedure/HCPCS Code(s)	Description

Attach Applicable Office Notes and Diagnostic Testing Results For This Request

Workers Compensation Yes No Date of Injury/Loss _____
 Motor Vehicle Accident/Subro Yes No Date of Injury/Loss _____
 Other Coverage Yes No Insurance Company _____

NOTE: The prior authorization of any procedure does not guarantee benefits or payment. Approval is based on medical necessity as defined in the patient's benefit plan or certificate. All benefits are subject to the terms, conditions, and exclusions of the benefit plan or certificate. This may include policy language regarding pre-existing conditions or signed affidavits stating that the insurance bears no responsibility, as signed by the insured. Policy exclusions for certain types of services may also apply. Verify prior authorization requirements. For additional benefit information, please contact Aspirus Health Plan at 866.631.5404. **A release of information form included in the application for insurance was signed by our member.**