Prior Authorization Request

Chart Notes Required

Please fax to 503.850.9398 | Questions call 971.345.5930 or 833.257.2189

For High Tech Imaging	eviCore | Phone: 800.918.8924| https://www.evicore.com/ | For Registration: https://www.evicore.com/resources/healthplan/yamhill

Expedited Request, Out of Network Benefits, or Out of Network Providers must complete the required sections

Member Information		
Last Name:	First Name:	
Insurance ID #:	DOB:	
Address:		

REQUIRED **Contact Information**		
Name:	Phone:	Fax:

Primary Care Physician (PCP):	
Requesting Provider:	TIN#:
Address:	NPI#:
Servicing Provider:	TIN#:
Address:	NPI#:

Do you have an active DMAP #: ☐ Yes ☐ No ☐ In Progress
Note: All DMAP administrative rules, guidelines, and applications to become an enrolled DMAP provider can be found at www.oregon.gov/OHA/healthplan.

Servicing Facility:	TIN#:
Address:	NPI#:

Do you have an active DMAP #: ☐ Yes ☐ No ☐ In Progress
Note: All DMAP administrative rules, guidelines, and applications to become an enrolled DMAP provider can be found at www.oregon.gov/OHA/healthplan.

Type of Care:

☐ Elective Inpatient Admit | ☐ Elective Outpatient Surgery | ☐ Office Surgery | ☐ Outpatient Diagnostics | ☐ ASC

ICD-10 Code(s):	CPT Code(s):	Requested Item/Service:

Requested Services:

☐Office Visits,#ofvisits:___ | ☐ Surgery | ☐ Diagnostic | ☐ Facility Auth Only | ☐DME | ☐Other _____

Date of Service:	**Date Span Requested:**

In-Network Benefits: ☐ New Patient or ☐ Established Patient | Date Last Seen:

Comments:

Out of Network Benefits/Provider: Request must include supporting documentation to substantiate why services cannot be provided by an in-network provider/facility. □ New Patient or □ Established Patient I Date Last Seen:
Explanation Required:

Expedite- defined as member's life, health, or ability to regain maximum function is in serious jeopardy if determination is not made in the standard time frame. **Request must include supporting documentation to substantiate an expedited review.**
Explanation Required:

12/12/2023