Alignment Health™

PRIOR AUTHORIZATION REQUEST

For assistance contact the Referrals/Authorizations Department at: **Telephone (844) 942-4226**
Please complete the following in its entirety and fax it to: **Fax (562) 207-4628**

Please note that contracted providers must use Alignment Health's AVA Provider Portal for submitting prior authorization requests. The portal allows *secured,* and accurate auth submission with instant submission confirmation, expedited auth review and decision with automatic tracking and status updates sent to your email and much more. Request portal access today at - https://avaprovidertools.alignmenthealth.com/user-registration
Non-contracted providers are encouraged to use our *self-service AVA* provider tools to submit prior authorizations, and check statuses on existing prior authorizations at - https://avaprovidertools.alignmenthealth.com/authorizations

Priority

☐ Routine	☐ Urgent - Expedited/Urgent is defined: 'in which the routine referral process could seriously jeopardize the life and health of the member, or the member's ability to regain maximum function.'

Health Plan Member ID No.: _____ Date: _____

Patients Name (Please Print) Last, First Middle	Sex	Date of Birth
Address City State	Zip	Telephone

Type of Service (Check, if applicable)

HOSPITAL

☐ Outpatient ☐ Inpatient ☐ Office ☐ DME ☐ Home Health ☐ Dialysis ☐ Ambulatory Surgery Center ☐ Free Standing Facility

Referred to Physician: _____ Specialty: _____
and/or Facility: _____

Address: _____ Phone: _____ Fax: _____

Diagnosis: _____ICD-10 Code(s): _____, _____, _____

Procedure Description: _____CPT Code(s): _____ Units/Quantity _____

Injectable Code: _____ NDC _____ Quantity/Units _____

Injectable Code: _____ NDC _____ Quantity/Units _____

Additional Codes (Please include NDC and units):

_____

_____

_____

Attach pertinent progress notes/diagnostic studies to support request.

Requesting Physician: _____ Telephone No.: _____

Person Completing Form: _____Telephone No. and Ext.: _____Fax No.:_____