CareSource

Phone: <1-855-202-1058
Fax: <844-676-0370>

Georgia Marketplace Medical Prior Authorization Request Form

❑ Routine ❑ Urgent (24 hours)

PATIENT INFORMATION

Date of Request_____ Member ID # _____

Member's Last Name_____ First Name _____

Member Address_____

DOB_____ Phone Number _____

ATTACH CLINICAL NOTES WITH HISTORY AND PRIOR TREATMENT

❑ Inpatient ❑ Outpatient

Ordering Provider Name_____

Tax ID_____ NPI_____

Phone_____ Fax_____

Ordering Provider Address _____

Date of Service(s) Requested _____

Facility/Service Provider (First and Last Name)_____

Provider Address_____

Phone_____ Fax_____

Tax ID_ NPI_____ DX Codes_____

DX Description

Additional Information

Requested Procedures/Services/Surgery _____

Procedure Codes (CPT/HCPCS)

Qty.	HCPCS Code	Durable Medical Equipment/Orthotics/Prosthetics/Vision, Make & Model, Etc.	U&C Charge

NUMBER OF VISITS

(Circle) 1 2 3 4 5 6 Other_____visit(s); Refer back to PCP with report

□ Update Authorization Number_____# of Visits_____Requested Extension Date_____

OTHER LIABILITY

□ Work/Auto/Other Insurance _____

This form completed by:

THIS SECTION CARESOURCE USE ONLY

AUTHORIZATION INFORMATION

Authorization □Approved □Denied □Pended □Duplicate Request

Authorization Number_____# of Visits/Treatments_____

Authorization To/From (Date)_____

CareSource Staff Signature_____Date_____

All non-par providers must have an authorization PRIOR to services rendered. Approved Prior Authorizations payment is contingent upon the eligibility of the member at the time of service, services billed must be within the provider's scope of practice as determined by the applicable fee/payment schedule and the claim timely filing limits. Authorizations are not a guarantee of payment, but are based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.