

Phone: 1-833-230-2101 Fax: 1-844-676-0372

## North Carolina Marketplace Provider Prior Authorization Request Form

\* indicates required field

Routine* Urgent*																			
Patient Information																			
Date of Request									Member ID #*										
Member's Last Name*									Member's First Name*										
Member's Date of Birth*										Phone Number						1			
Memb	er's Addres							City			Sta	ate		ZIF	)				
ATTACH CLINICAL NOTES WITH HISTORY AND PRIOR TREATMENT																			
Inpatient* Outpatient*																			
									of S	ervic	е								
Office Home				е		Inpatient Ho					Outpatient	Outpatient Hospital			Other				
Order	ing (Ord) Pr	ovider Nan	ne (Firs	st & Last Na	ame)	*			·										
Ord-Tax ID*							Ord-NPI*						Ord-Phone*						
Ord-Fax*													ı		•				
Ord-Address*						Ord-City*				Ord-State			1				-ZIP*		
Date	of Service S	d/yyyy)					Date	Date of Service End Da			(mm/dd/yyyy)								
Facilit	y/Servicing	ame (First 8	me (First & Last Name)*																
Svc-Tax ID*								Svc-NPI*											
Svc-Address*																			
Svc-C			Svo				/c-State*			c-ZIP*	ZIP*			Svc-Phone*					
Svc-Fax*																			
DX Co		DX Code (2)							DX Code (3)										
Additio	onal Informa																		
	ı	ı		CPT/HCPCS													1		
Qty*	CPT/HCP	CS* D	Description of Service														U&C Charge		
	<del>                                     </del>																		
	<del>                                     </del>																		
Numb	er of Visits																		
	ed Authoriza	Number of visits						Requested Extension Date											
						VISILS													
	Auto/Other oct Name (Fi		k																
	ict Name (Fi		Contact Fax Number*																
											-	A		! 1					

All non-participating providers must have an authorization **prior** to services rendered. Approved prior authorization 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.