



**Prior-Authorization Form**

Central Health (Travis County Healthcare District)

Fax: (512) 776-0485

Email: priorauthrequests@centralhealth.net

**Referral Type:**

- Routine
- Urgent (Service in next 72hrs)

**\* Plan Name**

**Medical Access Program (MAP)**       **MAP BASIC**       **MAP BASIC Dental-only**

**TERM DATE:** \_\_\_\_\_      **TERM DATE:** \_\_\_\_\_      **TERM DATE:** \_\_\_\_\_

**\*Request Date:** \_\_\_\_\_      **\*Submitted by (Name):** \_\_\_\_\_

**\*Phone # and Ext (Include area code):** \_\_\_\_\_      **\*Return Fax # (include area code):** \_\_\_\_\_

**\*Patient Name:** \_\_\_\_\_

**\*DOB:** \_\_\_\_\_      **\*Patient's ID Number:** \_\_\_\_\_      **\*Group ID Number:** \_\_\_\_\_

**\*Requesting Provider or Clinic name:** \_\_\_\_\_      **NPI:** \_\_\_\_\_

**\*Requested Specialist or Service:** \_\_\_\_\_      **NPI:** \_\_\_\_\_

**\*Requested # of visits:** \_\_\_\_\_      **\*Proposed Date of Service:** \_\_\_\_\_

**\*ICD-10 Codes:** \_\_\_\_\_      **\*Diagnosis Description:** \_\_\_\_\_

**\*CPT or HCPCS Codes:** \_\_\_\_\_      **\*Description:** \_\_\_\_\_

**\*Facility Name (for Outpatient Services/ASCs):** \_\_\_\_\_      **NPI:** \_\_\_\_\_

**\*  Outpatient     In Office     DME     Therapy**

**\*Reason for referral (please attach pertinent clinical/progress notes or provide clinical narrative, including duration of problem, types of treatment, physical findings, testing results):**

Please see records attached

**Coordination of Benefits (Other Insurance)**

**\*Workman's Compensation:**     YES     NO    **\*MVA Subrogation:**     YES     NO    **Date of Injury:** \_\_\_\_\_

**\*Other Insurance Coverage:**     YES     NO    **Name of Insurance:** \_\_\_\_\_    **Subscriber Name and ID #:** \_\_\_\_\_

**TO BE COMPLETED BY CENTRAL HEALTH**

**Authorization Number:** \_\_\_\_\_      **Authorization Dates:** \_\_\_\_\_

**Number of Visits or Services Approved:** \_\_\_\_\_

**Comments/Questions:**

**\* In order to process request, all required fields with asterisks must be completed.**

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