

IMPORTANT: Please complete the prior authorization request form attached completely and accurately to prevent processing delays.

Expedited Review: A clinical reason <u>must be stated</u>. Expedited Review is completed within 72 hours of receipt of the request. Scheduling concerns do not meet expedited review criteria.

DME: <u>Billed amounts of \$500 or less DO NOT REQUIRE PRIOR AUTHORIZATION.</u> Please include the <u>billed amount in the notes section of the attached form.</u> Your request WILL NOT be processed without this information.

Medical Pharmacy: Injectables/Infusion/Biologicals. <u>Billed amounts of \$1000 or less DO NOT REQUIRE PRIOR AUTHORIZATION.</u> Please include the billed amount in the notes section of the attached form. Your request WILL NOT be processed without this information.



IMPORTANT: Please complete this prior authorization request form <u>completely and accurately</u> to prevent processing delays

MEMORIAL HERMANN ADVANTAGE
HMO

✓ Standard	Timo
Expedited *Clinical Reason for Expedited review	
Expedited: The referring provider believes that applying the standard time frame for making determinations could seriously jeopardize the life	
or health of the member or the member's ability to regain maximum function.	
Acute Inpatient Outpatient Surgery Advar	nced Imaging Service DME Medical Pharmacy
SNF/LTAC/Acute Rehab PT/OT/ST	e Health Care Office
Out of Network Services Other Outpatient Services	Scheduled Date:
*Authorization is recommended prior to scheduling services	
Requestor Information	Member Information
Requester Name & Phone:	Member Name:
Ordering Physician Name:	Member ID Number:
	Member DOB:
Ordering Physician NPI: Phone Number:	Member DOB.
Fax Number:	
	Facility Information
Servicing Provider Information	Facility Information
Servicing Provider Name: Acadian Ambulance Servie of Texas	Facility Name:
NPI Number: 1750676870	NPI Number:
Tax Identification Number: 30-0688582	Tax Identification Number:
Specialty: Licensed Ambulance	Street Address:
Street Address: 3720 Corley Avenue	City and State:
City, State, and Zip Code: Beaumont, TX 77701	Zip Code:
Phone and Fax Number: 337-521-3560 337-291-2271	Phone and Fax Number:
Is this provider In Network? (Y/N) N	Is this provider In Network? (Y/N)
Procedure Codes (Please include Units)	<u>Diagnosis Codes</u>
CPT/HCPC Code(s): Units:	ICD-10 Code(s):
CPT/HCPC Code(s): Units:	ICD-10 Code(s):
CPT/HCPC Code(s): Units:	ICD-10 Code(s):
Service From: To:	
Conso for Additional Codes	
Space for Additional Codes:	
Space for Medical Note(s) Below	
_	
Supporting clinical Information must contain legible documentation that is applicable, i.e. symptoms, illness duration,	
pertinent test(s), and treatment. A legitimate clinical reason must be provided and meet criteria for expedited	
processing. Scheduling concerns does not meet expedited review criteria.	
Fax this form with clinical information to 713.338.6982	

Memorial Hermann Medicare *Advantage* Medical Management Department
Toll Free: 855.645.8448 (TTY: 711) available 8 a.m. to 8 p.m. Monday – Friday, Apr 1- Sept 30; 8 a.m. to 8 p.m., 7
days a week, Oct 1 – Mar 31