



MEMORIAL HERMANN ADVANTAGE  
HMO

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

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

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

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

