PREVEA360 health plan℠

**General Prior Authorization Form**
**Fax Completed Form to: 608-252-0830**

☐ **Pre-Service Non-Urgent/Standard**

☐ **Pre-Service Administratively Urgent**
(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

☐ **Pre-Service Medically Urgent/Expedited**
(Medically Urgent—In the opinion of the attending physician, there is a risk to the member's life, serious bodily injury or pain that cannot otherwise be managed.)

| **PATIENT DEMOGRAPHICS** | | |
|---|---|---|
| Patient Name: | | Date of Birth: |
| Member ID: | | Phone Number: |
| Street Address: | | |
| City: | State: | Zip Code: |

| **REFERRING PROVIDER INFORMATION** | | | |
|---|---|---|---|
| Provider Name: | | | Phone #: |
| Street Address: | | | Fax #: |
| City: | State: | | Zip Code: |
| Provider #: | Tax ID #: | NPI: | Specialty: |

| **REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION** | | | |
|---|---|---|---|
| Referred To: | | | Phone # |
| Street Address: | | | Fax # |
| City: | State: | | Zip Code: |
| Provider #: | Tax ID #: | NPI: | Specialty: |

| **REQUEST INFORMATION** | | |
|---|---|---|
| Date (s) of Service: | Diagnosis Code(s): | ICD Code(s): |
| CPT Codes and Description: | | |
| # of Visits | 3rd party liability: ☐ W/C ☐ MVA ☐ Other | |

| Additional Information: |
|---|
| |

| **Form Submitted By:** | | |
|---|---|---|
| Name: | Phone: | Fax: |

Prevea360 Health Plan products are underwritten by Dean Health Plan
If you have any questions regarding the services or form, please contact our Customer Care Center at 877-230-7555 or review Prevea360 Health Plan's Medical Management site.
Requests to non-plan providers must be approved prior to obtaining services.