



New Jersey Office: 201.569.8801
 California Office: 209.952.7325
 Secure Fax: 201.569.1085

New Prior Authorization Form

You must obtain prior authorization for some services covered by your insurance. Please utilize this form to furnish the Fund's team with the necessary information, facilitating a swift evaluation of your request.

Member Name		
Phone Number		
Email Address		
Member Date of Birth		
Member Number UFN/UFD		
Procedure and Diagnosis Codes:		
Brief description of the reason for the request:		

Additional Instructions:

1. Please Include concise clinical documentation to substantiate the necessity of the test or the conditions being investigated. This is crucial for the thorough assessment of your request.
2. **Fax** this form and all the ancillary information to us at **201-569-1085**. Do not email the information as our secure fax is HIPAA compliant and an email does not insure your privacy.
3. Make certain that there is a working fax # on your request so we can return your approval by fax.
4. The phone number in the form will be used to **contact you** if we have any questions.
5. Please allow **5-7 business days** to complete the evaluation of your request. We have up to 15 business days to complete your request.