



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	
Member Date of Birth	
Member Number UFN/UFD	
Provider Name	
Provider Phone Number	
Provider Fax Number	
Provider Email Address	
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.