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PHONE

201.569.8801

FAX

201.569.1085

1212 West Robinhood Drive, #3E, Stockton, CA 95207

209-952-6533

209-952-7325

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	<input type="text"/>
Member Date of Birth	<input type="text"/>
Member Number UFN/UFD	<input type="text"/>
Provider Name	<input type="text"/>
Provider Phone Number	<input type="text"/>
Provider Fax Number	<input type="text"/>
Provider Email Address	<input type="text"/>
Procedure and Diagnosis Codes:	<input type="text"/>
Brief description of the reason for the request:	<input type="text"/>

ADDITIONAL INFORMATION:

- 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** | **For sleep study requests**, please include documentation supporting medical necessity, including the patient's Epworth Sleepiness Scale score.
- 3** | **FAX** this form and all the ancillary information to us at **201-569-1085 (NJ)** or **209-952-7325 (CA)**. Do not email the information as our secure fax is HIPAA compliant and an email does not insure your privacy.
- 4** | Make certain that there is a working fax # on your request so we can return your approval by fax.
- 5** | The phone number in the form will be used to **contact you** if we have any questions.
- 6** | Please allow **5-7 business days** to complete the evaluation of your request. We have up to 15 business days to complete your request.

