Optum

Prior authorization supporting documentation cover sheet

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Fax: 1-855-402-1684
1-253-627-4708 (SNF and Inpatient)
Phone: 1-877-836-6806
1-253-627-4113 (Clinical Team for SNF)

Requestor contact: _____

_____

Phone:_____Ext:_____

Fax: _____

IMPORTANT: Complete all fields on this form to ensure timely review.

Supporting documentation for existing prior authorization requests

Attach clinical information to support prior authorization request (e.g., plan of care, medical records, lab reports, letter of medical necessity, progress notes, etc.).

Case ID: _____

Patient name: _____ DOB: _____

Comments: