



PROVIDER PREAUTHORIZATION REQUEST

- Complete all sections below and fax this form to 801-578-5916 or 800-777-5113.
- Include all supportive medical documentation with your request.
- Deseret Alliance participants are subject to Medicare guidelines; preauthorization is not required.
- [Click here](#) to see preauthorization guidelines.
- For more information, call Member Services at 801-578-5600 or 800-777-3622.

PROVIDER INFORMATION

Last name: _____ First name: _____
 NPI or Tax ID (TIN): _____ Billing provider (if different): _____
 Street address: _____
 City: _____ State: _____ ZIP code: _____
 Phone number: _____ Fax number: _____
 Contact name: _____ Direct phone: _____

PATIENT INFORMATION

Last name: _____ First name: _____
 Birth date: _____ Subscriber's name (if different): _____
 DMBA ID number: _____ DMBA medical plan: _____

PREAUTHORIZATION TYPE

Medical Home health Speech therapy
 SNF/Rehab/LTAC Medication Durable medical equipment
 Surgical Mental health Other: _____

SERVICE INFORMATION

ICD-10 diagnosis code(s): _____
 CPT/HCPCS procedure code(s): _____
 Service location: _____
 Scheduled service date(s): _____

Related medical information specific to the patient's need for treatment (including medical documentation to support request):