



Outpatient Medical Services Prior Authorization Request Form To Be Completed by Non-Contracted Providers Only

This form is for non-contracted providers. Contracted providers should submit authorization requests and check status online by logging in at hap.org and selecting *Authorizations*.

Please complete all fields below and include supporting clinical information (e.g., office visit notes, lab results, radiology results, etc.) and fax to **(313) 664-5916**.

If you have any questions, call **(313) 664-8950**, option 1.

HAP or HAP Empowered member ID number (11 digits):	
Member name (first and last)	
Member's date of birth:	
Member's phone number:	
Ordering provider information	
NPI:	
Name (first and last):	
Phone number:	
Fax number:	
Address:	
Servicing provider information For surgical procedures, list the physician providing the service and the facility where it will be provided.	
Physician NPI:	
Physician name (first and last):	
Physician office phone number:	
Physician fax number:	
Physician address:	
Facility NPI:	
Facility name (if applicable):	
Facility address (if applicable):	
Contact person name:	
Contact person phone number:	

Which setting will services be provided in (choose one)?

- Inpatient
- Outpatient

Start and end date of authorization request (example: 01-01-2017 to 06-01-2017):

Event classification (choose one):

- Standard pre-service
- Urgent pre-service
- Post service (for services already rendered AND the claim has NOT been denied)
 - PLEASE NOTE-If you received a denial on a submitted claim, please follow the HAP Provider Appeals process and do not submit this authorization request. Please fax provider appeals to XXX-XXX-XXXX (on the fax coversheet please include "ATTENTION APPEALS"). Or call (313) 664-8950, option 2

ICD 10 code(s):

Service/items needed (list CPT/HCPC codes and quantity for each service in the corresponding box below).

CPT/HCPC:	Quantity:
CPT/HCPC:	Quantity:
CPT/HCPC:	Quantity:
CPT/HCPC:	Quantity:
CPT/HCPC:	Quantity:
CPT/HCPC:	Quantity:

Supporting clinical information:

Other comments: