



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	
Only fill in the facility information if you bill under the facility.	
Only fill in the provider information if you bill under the provider.	
For ALL surgical procedures, you must fill out both the provider and facility sections	
Provider NPI:	
Provider name (first and last):	
Provider office phone number:	
Provider fax number:	
Provider address:	
Facility NPI:	
Facility name (if applicable):	
Facility phone number:	
Facility fax number:	
Facility address (if applicable):	
Contact person name:	
Contact person phone number:	

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

- Inpatient
- Outpatient

Diagnosis code(s)/ICD10:

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 (services have already been rendered)

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: