

Provider Prior Authorization Request Fax



Fax to Healthfirst at 1-646-313-4603.

Date: _____ Number of Pages: _____

Instructions:

1. Use this form when requesting prior authorization and/or providing supporting clinical documentation.
2. All fields are required unless otherwise noted. Please PRINT, in black ink, one answer per box for ALL requested information.
3. Please complete and fax this form along with all supporting clinical documentation to Healthfirst at **1-646-313-4603**.
4. For help completing this form, please call **1-888-394-4327**.
5. For a faster response, please use the Online Authorization Tool on the **Healthfirst Provider Portal**.

NOTE: The information transmitted is intended only for the person or entity to which it is addressed and may contain **CONFIDENTIAL** material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

Section 1 Patient Information	
First Name:	Last Name:
Healthfirst Member ID OR Policy Number:	Date of Birth (MM/DD/YYYY):

Section 2 Submission Type and Details	
If selecting Authorization Request, please complete all mandatory fields marked with an asterisk.	
<input type="checkbox"/> Authorization Request	<input type="checkbox"/> Other:
<input type="checkbox"/> Supporting Clinical Documentation	Authorization Request Number:
*Service Type:	*Authorization Start Date:
*Number of Units:	*CPT/HCPCS Codes Requested:
*Diagnosis:	

Section 3 Requesting Provider Information			
Provider or Facility Name:			
National Provider Identifier (NPI):		Tax ID Number (TIN):	
Address:		City:	State: Zip Code:
Phone Number:	Fax Number:	Email:	

Section 4 Servicing Provider Information			
<input type="checkbox"/> Check here if same as Requesting Provider listed above.			
Provider or Facility Name:			
National Provider Identifier (NPI):		Tax ID Number (TIN):	
Address:		City:	State: Zip Code:
Phone Number:	Fax Number:	Email:	

Additional fax numbers for specialized services:

- Behavioral Health: 1-646-313-4612
- Home Care and Hospice: 1-212-520-7794
- Skilled Nursing Facility: 1-212-601-6950
- Outpatient Pharmacy: 1-212-801-3223
(Medications for Provider Administration only.
DO NOT use for Pharmacy Benefit Authorizations via CVS Caremark)

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").
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