



**NEVADA HEALTH SOLUTIONS  
PRIOR AUTHORIZATION FORM**  
\*All sections of this form must be completed.  
Fax # 866-201-5601

<b>PATIENT INFORMATION</b>	
Primary Insurance Name/Address/ Telephone & Fax:	
Patient Name / Member ID:	Card Holder Name / Member ID:
Patient DOB:	Patient Address / Telephone No.:
Patient Alternative Phone (Cell):	

<b>PROVIDER INFORMATION</b>	
Requesting Provider Name / Address / Telephone & Fax No.:	Contact Person Name:
Requesting Provider Tax ID:	Telephone No. & Ext:
Primary Care Provider (PCP) Name/ Address/ Telephone & Fax:	Fax No.:

<b>AUTHORIZATION REQUEST</b>			<b>NHS use: PENDING AUTH #:</b>	
Date of Request:	Inpatient or Outpatient	Procedure Date:	No. of Treatments Requested:	Service Requested by Patient: <i>Yes or No</i>
Diagnosis (include ICD Code)		Procedure/Treatment Request (include CPT Code)		
Servicing Provider Name / Address / Telephone:		Place of Service / Facility and Address / Telephone:		
Current Clinical Findings and Management (All procedures/treatment requested require clinical information (may use this space - also see requirements below and attach to this form):				
<i>Pertinent Attachments = Information to support the proposed diagnosis, treatment / procedure; i.e. current clinical findings (Progress reports), results of laboratory testing, imaging studies (x-rays, etc.) must be submitted to prevent processing delays.</i>				

**\*\*On adverse determinations a reconsideration / expedited appeal may be requested.**

*This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage, Certificate of Coverage, or Self Insured Employer's Plan Documents.*

*The information contained in this form, including attachments, is proprietary & confidential & is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.*