

Prior Authorization Request



PROVIDERS: For a faster turn-around, go to www.devoted.com/providers and submit your request through the Availity Provider Portal.

Member Information

Name:

Devoted Health Member ID:

D

Birth Date: (MM/DD/YY)

/ /

Information About You

(the person filling out this form)

Name:

Phone:

Fax:

Who Is Requesting Care?

Provider or Facility Name:

NPI Number:

Specialty:

Devoted PCP ID:

LX

Who Will Provide Care?

Provider or Facility Name:

NPI Number:

Address:

Specialty:

Tax ID Number:



Fax your completed form and documentation to:

FL HMO D-SNP plans only:
1-833-434-0541

All other plans:
1-877-264-3872

Type of Care

Please be sure to fill in this section completely so we can respond as quickly as possible — all fields are required.

❗ **Attach any important clinical documentation that supports your request.**

Request Type: Inpatient Service/Procedure Referral
If inpatient, level of care: Observation Inpatient

Location: Office Imaging Center Home
 Outpatient Hospital Skilled Nursing Facility (SNF) Acute Rehab Unit (ARU)
 Long Term Acute Care Hospital (LTACH) Ambulatory Surgical Center (ASC) Other

Start Date: (MM/DD/YY)

/ /

End Date: (MM/DD/YY)

to / /

Number of Visits/Units:

ICD-10 Code(s):

Diagnosis:

Procedure Code(s):

Urgent Requests

Check this box only if you need an expedited response. For Part B drug requests, standard response time is 72 hours. Expedited response time is 24 hours. For all other requests, standard response time is 3-14 calendar days. Expedited response time is 72 hours.

This is an urgent request. Waiting more than 72 hours (or more than 24 hours for a Part B drug) could harm the member's health.



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Questions? Call provider services at 1-877-762-3515

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