



Mercy Care Plan (MCP)/Mercy Healthcare Group (MHG)



GYN Procedures

Fax: (602) 659-1655
1-800-217-9345

Prior Authorization Request

Phone: (602) 263-3000
1-800-624-3879

NOTE: FAILURE TO COMPLETE FORM AND PROVIDE THE APPROPRIATE SUPPORTING DOCUMENTATION WILL RESULT IN A DELAY IN PROCESSING.

Date of Request: _____

Member Name: _____ Member ID Number: _____ DOB: _____

Phone Number: _____ Medicare Yes No Other Insurance Primary Language Spoken/Read _____ /

Requested Services

Referral Physician: _____

Address: _____ Phone #: _____ Fax #: _____

Surgical/Diagnostic Procedure: _____ CPT code: _____

Surgeon/Asst. Surgeon: _____

Facility/Hospital: _____ Date of Service: _____

InPatient Services OutPatient Services 23 Hour Short Stay/Observation

Diagnosis: _____ ICD-9: _____

Please attach the following information with your request:

- History and physical examination
- Office and hospital notes pertinent to this request
- Consultation notes
- Tests: inclusive lab results, radiology, diagnostic studies
- GI/GU work-up, if applicable
- Any conservative treatments tried
- Operative reports

Additional Comments: _____

HEALTH PLAN USE ONLY

Approved

Authorization Number: _____ Valid From: _____ to _____ Expiration Date

Denied

Denial Reason: _____

PA Nurse/Tech Signature

Date

Authorization is subject to eligibility on date of service. If member is determined to be ineligible on date of service, the member may be responsible for these services.

To ensure proper payment for services rendered, referral provider/facility must verify eligibility on the date of service.