



Mercy Care Advantage (MCA)
Prior Authorization Request Form
(Excluding DME/Medical Supplies)

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

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

COMPLETION of this form will expedite authorization

Member Information section including Date of Request, Member Name, Member ID Number, DOB, Address, Phone Number, Medicare status, and Primary Language Spoken/Read.

Requesting Physician Information section including Name of Requesting Physician, Name of Person Completing Form, Clinic/Office Address, and Phone Number.

Out-Patient Service/Specialist Request section including Requested Provider Name, Address, Phone Number, Date of Service, and various service options like Evaluation/Consultation, Home Health Care, and Outpatient Therapy.

Surgical/Hospital Request section including Referral Physician, Address, Phone #, Fax #, Surgical/Diagnostic Procedure, Surgeon/Asst. Surgeon, Facility/Hospital, Date of Service, and Inpatient/Outpatient services.

Patient Symptoms:

Conservative Treatment Tried:

\*\*Include or attach any documentation to support medical necessity of this request.\*\*

Return authorization to requesting provider fax number at: ( )

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.