



## Reliance Medicare Advantage Plans

### Prior Authorization Request Form

All fields are mandatory. Chart notes are required and must be faxed with this request.

Incomplete requests will be returned.

Call: 855-959-5855 Fax: 813-775-2609 and you can also enter through our provider portal at [reliancemedicareadvantage.org](http://reliancemedicareadvantage.org)

| Patient Information   |  |
|---|--|
| <b>Patient Name:</b>  | <b>Member/Patient ID number:</b>   |
| <b>Patient Date of Birth:</b>   |  |
| Who Is Requesting Care Provider Information   |  |
| <b>Provider or Facility Name:</b>   | <b>NPI Number:</b>   |
| <b>Specialty:</b>   | <b>Reliance Provider ID (If known):</b>  |
| Who Is Providing Care Provider Information  |  |
| <b>Provider or Facility Name:</b>   | <b>NPI Number:</b>   |
| <b>Specialty:</b>   | <b>TAX ID Number:</b>  |
| Procedure Information   |  |
| Requested service(s) click all that apply:<br><input type="checkbox"/> Out of Network <input type="checkbox"/> Inpatient<br><input type="checkbox"/> Office visit <input type="checkbox"/> Outpatient or ASC<br><input type="checkbox"/> Surgery <input type="checkbox"/> Ambulance (non emergent)<br><input type="checkbox"/> Diagnostics <input type="checkbox"/> DME<br><input type="checkbox"/> J-Codes <input type="checkbox"/> PT/ST/OT/Home Health<br><input type="checkbox"/> Other _____ | Place of Service:<br><input type="checkbox"/> Hospital <input type="checkbox"/> ASC<br><input type="checkbox"/> Home <input type="checkbox"/> Outpatient/ASC<br><input type="checkbox"/> Imaging Center <input type="checkbox"/> SNF<br><input type="checkbox"/> Diagnostics <input type="checkbox"/> Office<br><input type="checkbox"/> Other _____ |
| <b>Start Date</b>   | <b>Number of visits requested:</b>   |

|   |  |
|---|--|
| End Date                                      | Diagnosis:   |
| CPT Codes:                                    |  |
| ICD Codes:                                    |  |
| Comments:                                     |  |
| Contact name:                                 | <input type="checkbox"/> <b>Please expedite!</b> This provider believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. <i>(CMS definition)</i> |
| Contact phone:                                |  |
| Contact fax:                                  |  |
| Total pages faxed, including this cover page: | Question Please Call 855-959-5855  |