



PO Box 40384
Portland, OR 97240

Medical – Commercial Authorization/Referral Request Form

DO NOT USE FOR BEHAVIORAL HEALTH AUTHORIZATION REQUESTS

If you require a RUSH Prior Authorization for a procedure being done within 48 hours, please call Moda Health at (503) 243-4496 or (800) 258-2037 fax (503) 243-5105

Referral

Standard

Retro

Urgent (Could seriously jeopardize the life or health of the member or the member’s ability to regain maximum function, based on a prudent layperson’s judgment)

Patient Information

Patient Name _____ DOB _____ Subscriber ID # _____

Subscriber Name _____ Group # _____ Group Name _____

PCP/On-Call Doctor Information

PCP/On Call Doctor _____ TIN # _____ NPI # _____

Phone # _____ Ext # _____ Fax # _____ Contact _____

Specialist Information

Provider Name _____ TIN # _____ NPI # _____

Phone # _____ Ext # _____ Fax # _____ Contact _____

Address/Location _____

Facility Information

Facility Name _____ TIN # _____ NPI # _____

Phone # _____ Ext # _____ Fax # _____ Contact _____

Address/Location _____

Authorization/Referral Information

ICD Code(s) _____

CPT/HCPCS Code(s) _____ **Inpatient**

Date Span Requested _____ to _____ # OP Visits/IP Nights _____ DOS _____ **Outpatient**

Additional Comments