CAPSTONE HEALTH PLAN
A Special Plan for Special Needs
www.nazcap.com

PRIOR AUTHORIZATION REQUEST

Fax to: (928) 779-3234
or (888) 779-3251

Phone: (800) 336-3874
or (928) 214-3487

Authorization MUST BE OBTAINED PRIOR to rendering services. Please allow up to 14 days for processing. Request must include SIGNED provider orders, ICD9 and CPT codes, and DOCUMENTATION OF MEDICAL NECESSITY. This form must be used with attached documents as may be needed.

REQUESTING PROVIDER INFORMATION	PATIENT INFORMATION	
NAME	NAME	
TELEPHONE NUMBER ( )	AHCCCS ID NUMBER	DOB
FAX NUMBER ( )	OTHER INSURANCE ☐ Medicare: ID#: ______ ☐ Private Insurance Carrier: ______ Group #: ______ ID#: ______	
CONTACT PERSON & PHONE:		

______________________________ ______________
Requesting Provider's Signature **Date**

REFERRED TO:

PROVIDER NAME	DATE OF SERVICE	TELEPHONE	FAX
		( )	( )

REFERRAL INFORMATION (check all that apply)

☐ Consult & Treat: ☐ Follow Up Visit: ________ # visits (maximum 3 per authorization)

☐ Therapy: ______________________ ☐ DME: ______________________

☐ Diapers: # q month _______ Pull-ups: # q month _________
Required for ordering incontinence products: Pt weight (lbs) ______ Height (in) ______ Waist (in) ______

☐ Other: ______________________ (specify)

Diagnoses: ______________________ **ICD-9 Codes:** ______________________

CPT Codes: ______________________

Clinical Information: ______________________

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ELECTIVE SURGERY / ADMISSIONS / DIAGNOSTICS ☐ InPt Facility ☐ OutPt Facility ☐ Office

Facility Name: ______________________ Anticipated Date of Service: ______________

ICD-9: ____________ CPT: ____________ Description: ______________________

CAPSTONE HEALTH PLAN USE ONLY

Comments:

______________________ ______________
Prior Authorization Specialists Date

☐ **Returned – Form Incomplete**
☐ Approved as presented
☐ Approved as modified
☐ Medical Review – allow 14 calendar days
☐ Denied (letter enclosed)
☐ Not legible
☐ Additional clinical information required
☐ Extension Requested – allow an additional 14 calendar days