Aetna Better Health® of Illinois
3200 Highland Ave, MC F648
Downers Grove, IL 60515

Did you know that you can use our provider portal Availity® to submit prior authorization request, upload clinical documentation, check statuses, and make changes to existing requests? Register today at www.Availity.com

Aetna Better Health® of Illinois

Prior Authorization Request Form

Phone: **1-866-329-4701/**Fax: **1-877-779-5234**

For urgent outpatient service requests (required within 72 hours) call us.

Date of Request:_____

MEMBER INFORMATION

Name:_____ID Number _____

Date of Birth:_____PCP Name: _____

Other Insurance ? / Policy Holder / Policy Number: _____

Gender (circle one): **F** **M**

PROVIDER INFORMATION

Ordering/Requesting Provider:

Name:_____

NPI **(Required*)**_____

Address:_____

Telephone #:_____

Fax #:_____

Contact Person: _____

Servicing Provider/Facility/Specialist:

Name:_____

NPI **(Required*)** _____

Address:_____

Telephone #: _____

Fax #: _____

Specialty:_____

AUTHORIZATION INFORMATION

Diagnosis/ICD-10 Code(s) (Required*)

1. _____ 2. _____ 3._____ 4._____ 5. _____

Service/Procedure requested (CPT or HCPCS codes Required*):

1._____ 4._____ 7._____

2._____ 5._____ 8._____

3._____ 6._____ 9._____

Type of Procedure/Level of care (circle one): **Inpatient** **Outpatient** **In Office**

Date(s) of service:_____**Number of visits/units:**_____

REQUIRED DOCUMENTATION

Include supporting pertinent clinical information (Required*) ---*5 pages or less*--- (e.g clinical/progress notes, lab/imaging reports, plan of care, letter of medical necessity, etc).

***NOTE: FAILURE TO INCLUDE NPI NUMBERS, DIAGNOSIS, CPT/HCPCS CODES AND SUPPORTING CLINICAL INFORMATION WILL RESULT IN THE RETURN OF THIS FORM UNPROCESSED.**