



Please check one:

Aetna Better HealthSM Premier Plan (Medicare-Medicaid Plan)

Phone: 1-855-676-5772 (TTY : 711)

Fax: 1-844-241-2495

Aetna Better HealthSM Michigan Medicaid Plan

Phone: 1-866-874-2567

Fax: 1-866-603-5535

PRIOR AUTHORIZATION FORM

Date of Request: _____

MEMBER INFORMATION

Name: _____ ID Number _____

Date of Birth: _____ Physician Name: _____

Other Insurance: _____ Gender (circle one): **F** **M**

REQUESTING PHYSICIAN OR PROVIDER INFORMATION

Referring Provider / Requesting Provider

Name: _____

Address: _____

Telephone #: _____

Fax #: _____

Specialty: _____

NPI Number: _____

Contact Person: _____

Place of Service or Facility Name/Servicing Provider

Name: _____

Address: _____

Telephone #: _____

Fax #: _____

Specialty: _____

NPI Number: _____

Contact Person: _____

Please specify which provider to notify of auth: _____

REFERRAL / AUTHORIZATION INFORMATION

Diagnosis/ICD-10 Code(s) required as of 10/1/15: _____

Procedure /Item Requested (CPT/HCPCS Code(s)): _____

Date (or Span) of Appointment or Service: _____ **Number of Visits/Qty Required:** _____

Type of Procedure (circle one): Inpatient Outpatient In Office DME Rental DME Purchase

Other Clinical Information - Include clinical notes, lab and X-ray reports, etc. (For procedures, please attach additional pages as necessary.): _____

Whom should this authorization be sent back to: (Name) _____ (Fax) _____