of Oklahoma	OUTPATIE		Complete and Fax to: Medical: 833-739-0814 Behavioral Health: 833-739-1875 Transplant: 833-739-1867
Request for additional units. Existin	g Authorization	Units	Buy & Bill Drugs: 833-893-1475
Standard requests - Determination	within 3 business days of receiving all nec	essary information.	
Urgent requests - I certify this reque avoid complications and unnecessary		eat an injury, illness or condition (not life thre	eatening) within 24 hours to
* INDICATES REQUIRED FIELD		URGENT REQUESTS MUST BE S REQUESTING PHYSICIAN TO RE	
MEMBER INFORMATION		*Date of Birth	
*Medicaid/Member ID	Lost Name	First (MMDDYYYY)	
	Last Name,	FIRSL	
REQUESTING PROVIDER INFORM	ATION		
*Requesting NPI	*Requesting TIN	Requesting Provider Contact Name	
Requesting Provider Name	Phone	*Fax	
Same as Requesting Provider	*Servicing TIN	Servicing Provider Contact Name	
Servicing Provider/Facility Name	Phone	Fax	
AUTHORIZATION REQUEST			
*Primary Procedure Code	Additional Procedure Code	*Start Date OR Admission Date	*Diagnosis Code
Additional Procedure Code	Additional Procedure Code	End Date OR Discharge Date	Total Units/Visits/Days
*OUTPATIENT SERVICE TYPE (Enter the Service type number in the boxes)			
 422 Biopharmacy 712 Cochlear Implants & Surgery 299 Drug Testing 922 Experimental & Investigational Serv 205 Genetic Testing & Counseling 249 Home health 390 Hospice Services 290 Hyperbaric Oxygen Therapy 410 Observation 997 Office Visit/Consult 709 Genetic Testing- For Genetic Testing 	201 Sleep Study 209 Transplant Surgery 993 Transplant Evaluation 724 Transportation DME 417 Rental 120 Purchase (Purchase Price) please include GTU:	Behavioral Health533BH Applied Behavioral Analysis510BH Medical Management530BH Partial Hospitalization Program (PHP)512BH Community Based Services514BH Day Treatment515BH Electroconvulsive Therapy516BH Intensive Outpatient Therapy518BH Mental Health /Chemical Dependency Observation519BH Outpatient Therapy520BH Professional Fees521BH Psychological Testing522BH Psychiatric Evaluation	
COPIES OF ALL SUPPORTING CLIN		INCOMPLETE FORMS WILL BE REJECTED. OF CLINICAL INFORMATION MAY RESULT IN D as must be a covered Health Plan Benefit and medically necessary v	

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