

- Initial Request
- Amended
- Additional Documentation
- Photos/Videos Included

Note: Do not place another Fax Cover Sheet on top.

Three fields below are required and must match the prior authorization request.

**1. Provider Number
or NPI/ZIP/ZIP+4:**

2. Member ID Number:

3. Prior Authorization Number:

Purpose:

This form is to be used when a prior authorization request (PAR) requiring a paper attachment is being submitted. Submission of the completed forms along with the required attachments will allow the appropriate review process to be conducted by the OHCA.

Instructions:

1. Box 1; fill in the Servicing Provider Number.
2. Box 2; fill in the nine-digit member identification number.
3. Box 3; write "new" to initiate a new prior-authorization request. A "new" PAR is also required for continuation of previously authorized services. PAR dates must not overlap previously approved dates of service.
 - a. For SoonerCare or Insure Oklahoma online PAR submissions, enter the corresponding PAR number in box 3.
 - b. **To submit additional documentation or to amend a PAR, enter the existing PAR number in box 3 to assure your documentation will be linked with the correct existing PAR.**
4. The Initial Request box is to be checked when requesting "new" services.
5. The Amended box is to be checked when minor changes are required to an existing approved authorization. Also, enter the prior authorization number in box 3 above so your amendment request will be linked with the correct existing PAR.
6. The Additional Documentation box is to be checked when submitting additional documentation to be added to an existing PAR. Enter the PAR number in box 3 above so your documentation will be linked with the correct existing PAR.
7. The Photos/Videos Included box is to be checked when submitting photos or videos for review. Mail to: HP Attn: Prior Authorizations, 2401 NW 23rd, Suite 111, Oklahoma City, OK. 73107
8. Fax all forms and documentation to: **405-702-9080 Toll Free 1-866-574-4991**

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This form is for use with Prior Authorization requests requiring attachments.

Sender's Name: _____

Phone Number: _____

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