



TRIBAL HEALTH PROGRAM PRIOR AUTHORIZATION MEDICAL DOCUMENTATION FORM

STOP
 Mandatory fields must be completed or information will be returned.
 AHCCCS does not require authorization when Medicare or other insurance is primary.
 STOP

ONE MEMBER AND PROVIDER PER FORM, PER FAX PLEASE

- | | |
|---------------------|------------------------------|
| ◇ RECIPIENT NAME: | ◇ AHCCCS ID (9 digits): A |
| ◇ PROVIDER NAME: | ◇ PROVIDER NPI (10 digits): |
| ◇ AUTHORIZATION #: | ◇ PROV AHCCCS ID (6 digits): |
| ◇ PROVIDER PHONE #: | ◇ DATES OF SERVICE: |
| ◇ PROVIDER FAX #: | ◇ COMMENTS: |

TYPE OF DOCUMENTATION SUBMITTED

Home Infusion Home Health Lodging/Meals	Reconsiderations DME AAC	Transportation BH NEMT Medical NEMT	Utilization Review (Required Documentation) History and Physical Surgery/Procedure Reports MD Orders & Progress Notes IV Meds & Actual Frequencies HSAG Concurrent Retro Concurrent Review Denials Retro Review Denials Enrollment Transition Information (ETI) / Transition of Care (TOC) ETI/TOC
Dental		LTC Acute Hospice NF/Reviews	
BH Inpatient & RTC THP GR TRBHA NN TRBHA PY TRBHA WM TRBHA Other	BH Residential Facilities THP GR TRBHA NN TRBHA PY TRBHA WM TRBHA Other		

Return Fax #

THP Acute & Behavioral Health Prior Authorization: (602) 252-2298 Transportation: (602) 254-2431

**For URGENT REQUEST call us at (602) 417-4400 after submitting form to AHCCCS.
 If this form was received in error, contact the submitting Provider immediately.**