integrapartners

100 Wall Street, Suite 2502, New York, NY 10005

PRE-AUTHORIZATION REQUEST FORM

Integra Tax ID #421685996 Integra NPI #1962502229

Auth. Request Date: Date of RX/LMN: Within 30 Days? ☐

We are hereby requesting prior approval for covered services for the patient listed below.

MEMBER NAME	
DATE OF BIRTH	
HEALTH PLAN	
MEMBER ID #	
REFERRING DOCTOR	
DIAGNOSIS	

Supporting Documentation Included (check all that apply):

☐	Prescription	☐	Signed	☐	Dated
☐	LMN	☐	Signed	☐	Dated
☐	Diabetic Shoe Certification				
☐	Sleep Study (Respiratory Only)				
☐	Evaluation Form (Prosthetics / Wheelchairs)				

CODE	DESCRIPTION OF CODE	QUANTITY	PRICE	TOTAL

FOR PROVIDERS

Please fill out your contact information below so Integra can forward determination once received. Don't forget to add the patient to Que immediately after forwarding this request to the health plan.

LAST NAME FIRST NAME CONTACT PHONE #

PROVIDER FACILITY NAME PROVIDER FAX #

PROVIDER FACILITY ADDRESS (STREET / CITY, STATE)