Fax Cover Sheet

To:	**From:**
Fax:	**Pages:**
Phone:	**Date**
Re:	**cc:**

Integra Partners reviews and routes your prior authorization requests for DMEPOS to Affinity Health Plan.

Please complete this form and fax it to Integra Partners for all services that require a prior authorization prior to delivery of service.

This form must be accompanied by all clinical information which includes prescription results of physical exam, diagnostic tests, lab test results, functional problems, presenting symptoms and treatment plan. Incomplete requests will delay the authorization process and/or result in an adverse determination. Authorization is pending confirmation of member eligibility at time of service. If approved, authorization for service does not constitute a guarantee of payment by Affinity Health Plan.

Telephone: 1-888-729-8818
Fax: 646-993-6720

Authorization Number: ___________________

Affinity AUTHORIZATION REQUEST

Type of Request (circle one): Standard Urgent
If Urgent, please indicate why: ____

Authorization Type (circle one): Initial Request, Concurrent, Retrospective Date: ____________________________

PATIENT INFORMATION:

Full Name: ____ DOB: ________________ ID#: _____________________________

ORDERING PHYSICIAN INFORMATION:

Full Name: ____ Phone: ________________________________

NPI#: ____ Fax: __________________________________

Address: ____

City/State: ____ Zip: ___________________________________

SERVICING PROVIDER/VENDOR INFORMATION

Full Name: ____ Phone: ________________________________

NPI#: ____ Fax: __________________________________

Address: ____

City/State: ____ Zip: ___________________________________

Contact Name: ____ Phone: ________________________________

Supporting Documentation Included (circle all that apply): Prescription LMN Office visit notes

Diagnoses: ____

HCPCS Code	**Service Description Include Manufacturer Name and Model Number for NOC Services**	**Quantity**	**Rental or Purchase?**	**From Dates of Service To Date of Service**

Additional Details (if Necessary):

Note: Incomplete Authorization Request forms will be returned and may delay the processing of your request. Thank you