

Prior Authorization Request



A determination notice will be mailed and/or faxed to the requesting provider, facility, and patient.

Network exception request
One-time or single-case agreement request
Medical coverage for dental

- PacificSource responds to prior authorization requests within two business days if received before 3:00 p.m.
- Requests received after 3:00 p.m. are processed the next business day.
- **Incomplete information will delay the prior authorization process.**
- **Please include pertinent chart notes to expedite this request.**
- In-network providers may submit online at InTouch.PacificSource.com.

Requesting provider contact information

Contact person _____ Office name _____ Date _____
Phone _____ Extension _____ Email _____ Fax _____

Patient information

Last name _____ First name _____
DOB _____ Member number _____

Procedure information

CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____
CPT/HCPCS/CDT and description _____

Note: Spinal surgery requests must be accompanied by a completed ISS form and supporting clinical documentation.

Is this request for a network exception? Yes No

If yes, why does the member need to see an out-of-network provider? _____

Diagnosis code(s) and description(s) _____

Retrospective review? Yes No Date(s) of service _____ To be scheduled
Outpatient Office Home Durable medical equipment: Rental Purchase Cost \$ _____

Provider information

Ordering provider or surgeon _____ NPI _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Tax ID _____
Place of service, vendor, or facility _____ NPI _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Tax ID _____

Mail or fax to PacificSource Health Services: PO Box 7068, Springfield OR 97475-0068, confidential fax 541-225-3625

Questions? Call us at 888-691-8209, TTY: 711. We accept all relay calls.