



## AETNA BETTER HEALTH® OF LOUISIANA

### Prior authorization form

Phone: 1-855-242-0802

Physical Health Fax: 1-844-227-9205

Behavioral Health Fax: 1-844-634-1109

Date of Request: \_\_\_\_\_

For urgent requests (required within 24 hours), call Aetna Better Health of Louisiana at 1-855-242-0802

#### MEMBER INFORMATION

Name: \_\_\_\_\_ ID Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Gender (circle one): **F** **M**

#### REQUESTING PHYSICIAN OR PROVIDER INFORMATION

##### Referring Provider / Requesting Provider

##### Place of Service or Facility Name

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Specialty: \_\_\_\_\_ Specialty: \_\_\_\_\_

National Provider Identification (NPI): \_\_\_\_\_ National Provider Identification (NPI): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

#### REFERRAL / AUTHORIZATION INFORMATION

Problem / Diagnosis (ICD-10 Code(s)): \_\_\_\_\_

Procedure / Test Requested (CPT Code(s)): \_\_\_\_\_

Date of Appointment or Service: \_\_\_\_\_ Number of Visits Required: \_\_\_\_\_

Type of Procedure (circle one): Inpatient Outpatient In Office

Other Clinical Information - Include clinical notes, lab and X-ray reports, etc. (For procedures, please attach additional pages as necessary.): \_\_\_\_\_