SmartHealth

Medical Specialty Precertification/ Prior Authorization Request

SmartHealth Precertification/PA
Phone: 833-594-1845
FAX: 833-594-1875

Please indicate: ☐Start of treatment: Start Date ______/_____/_____
☐Continuation of treatment: Date of Last Treatment _____/_____/_____

Precertification Requested by: ____Phone:_______________________________________Fax______________________________

A. PATIENT INFORMATION

First Name:	Last Name:		DOB:	
Address:		City:	State:	ZIP:
SmartHealth ID:		Phone:	Email:	
Patient Current Weight:________lbs or__________kgs Patient Height:________inches or__________cms			Allergies:	

B. PRESCRIBER INFORMATION

First Name:	Last Name: *(Check One):* M.D. D.O. N.P. P.A.			
Address:		City:	State:	ZIP:
Phone:		Fax:		
NPI #:		Tax ID:		
Contact Name:	Contact Email:		Contact Phone:	

C. DISPENSING PROVIDER/ADMINISTRATION INFORMATION

Place of Administration:

☐ Self-Administered ☐ Physician's Office

☐ Outpatient Infusion Center Phone:_____________________________

Center Name:____

☐ Home Infusion Center Phone:_____________________________

Agency Name:____

Administration Code(s) (CPT):____

Address:____

Place of Dispensing (Provider/Pharmacy):

☐ Physician's Office ☐ Retail Pharmacy

☐ Hospital Based Medication ☐ Clinic Medication

☐ Specialty Pharmacy ☐ Other: ____________________

Name: ____

Address: ____

Phone: ____

Fax: ____

NPI: ____

D. MEDICATION INFORMATION

Medication Name/Strength:		Dosing per Administration:	
Route of Administration:	Quantity:	Day Supply:	Expected Duration of Therapy:
HCPCs Code:		National Drug Code (NDC):	

DIAGNOSIS INFORMATION

Diagnosis:____ICD Code:____

F. CLINICAL INFORMATION – Provide medical necessity documentation for the requested medication including other medications tried (attach supporting documentation).

Clinical documentation to support medical necessity may be faxed back along with the completed form.

G. ACKNOWLEDGEMENT

Request Completed By *(Signature Required)*:____Date:_______/______/_______

Precertification does not guarantee payment for services. Eligibility for and payment of services are subject to all terms, conditions and limitations of the Plan at the time the services are rendered.

Updated 12.10.21/KK