



Current Health Solutions
Pre-Authorization Request Form

To expedite - Please submit your request online at www.currenthealthsolutions.org
Don't have an account? Contact your office administrator to get started.
Fax: 812-378-7054 Phone: 855-247-3233

Date and Time Submitted
am/ pm ET/ CT

Section I - General Information

Review Type [] Non Urgent [] Urgent Clinical reason for urgency
Request Type [] Initial Request [] Extension/Renewal/Amendment (Prev. Auth. #:)

Section II - Patient Information

Name Patient Contact Phone DOB Sex [] Male [] Female [] Unknown
Member or Medicaid ID # Group #

Section III - Provider Information

Requesting Provider or Facility Service Provider or Facility
Name Name
NPI # Group NPI # NPI # Group NPI #
Phone Fax Phone Fax
Address Address
Tax ID Tax ID

Section IV - Services Requested (with CPT, CDT, or HCPCS Code) and Supporting Diagnoses (with ICD Code)

Table with 6 columns: Planned Service or Procedure, Code, Start Date, End Date, Diagnosis Description (ICD Version 10), if available, Code

[] Inpatient [] Outpatient [] Radiology [] Provider Office [] Observation [] Home [] Day Surgery [] Oncology [] Other (specify)
[] Physical Therapy [] Occupational Therapy [] Speech Therapy [] Cardiac Rehab [] Mental Health/Substance Abuse
Number of sessions: Duration: Frequency: Other:
[] Home Health - MD signed Order Required (Nursing Assessment attached? [] Yes [] No)
Number of visits requested: Duration: Frequency: Other:
[] DME - MD signed Order Required [] Rental \$. Per [] Purchase \$.
Equipment/supplies (Include any HCPCS Codes): Duration:
[] Medication - MD signed Order Required [] MD Supplying and Billing OR [] Retail
Duration of Use: Number of Units:

Section V - Extra Notes/Additional Codes

Empty text box for extra notes/additional codes

Section VI - Clinical Documentation - Please attach clinical documentation to support this request. If this request is for medication, please list other medications tried and failed when applicable.

Contact Name and Phone Number/Email regarding this request is _____