



**Hoosier Alliance**

Hoosier Alliance Is An AmeriHealth Mercy Company

MDwise Hoosier Alliance  
Suite N  
5604 Fortune Circle South  
Indianapolis, Indiana 46241

Toll Free: 1-888-961-3100  
Fax: 1-888-465-5581  
[www.hoosieralliance.org](http://www.hoosieralliance.org)

## Prior Authorization Request Form Check List

- \_\_\_\_\_ Patient's name
- \_\_\_\_\_ Patients Date of birth
- \_\_\_\_\_ Patients Medicaid identification number
- \_\_\_\_\_ Diagnosis
- \_\_\_\_\_ Identify service to be provided
- \_\_\_\_\_ Place of service – where procedure will take place
- \_\_\_\_\_ Name of person submitting request
- \_\_\_\_\_ Office Phone number
- \_\_\_\_\_ Office Fax number
- \_\_\_\_\_ Attending physician
- \_\_\_\_\_ Identify if other insurance

### ADDITIONAL INFORMATION BENEFICAL WHEN REQUESTING A PRIOR AUTHORIZATION

- \_\_\_\_\_ All clinical information as it relates to the current medical condition
- \_\_\_\_\_ Medical office notes
- \_\_\_\_\_ Hospitalization records
- \_\_\_\_\_ Current medications
- \_\_\_\_\_ All other diagnosis pertaining to patient
- \_\_\_\_\_ All ruled out conditions by the practitioner