



Hoosier Alliance

Hoosier Alliance Is An AmeriHealth Mercy Company

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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