



Pre Authorization Referral Request Form

Use Rios Arizona IPA Quick Cap online authorization system - to complete, submit, attach documentation, track status, and receive determinations for authorizations. Visit Provider portal (<https://shcmso.quickcap.net/>) and click the Authorizations tab to get started.

☐ Standard/Routine ☐ Urgent/Expedited

Definition of an Urgent Request:

An imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision making might seriously jeopardize the life or health of the member. Please note, scheduling issues do not meet the definition of Urgent.

Requesting Provider Information	Patient Information
Referring/ Prescribing Physician: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist* Name: *Please identify SPECIALTY:	Patient's Name: Birth Date: Member ID Number:
Referring to Provider:	Place of Service
<input type="checkbox"/> MD <input type="checkbox"/> Vendor <input type="checkbox"/> Lab <input type="checkbox"/> Facility <input type="checkbox"/> Other Name: Address: Tax ID Number: NPI: SPECIALTY:	<input type="checkbox"/> Office <input type="checkbox"/> Hospital In Patient <input type="checkbox"/> Hospital Out Patient <input type="checkbox"/> Home <input type="checkbox"/> DME <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Other (explain): Anticipated Date of Service:
Office Information:Contact: Phone: () Fax: ()	

Information required below

Please provide the necessary clinical information along with the procedure fax form.

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Requested service (s)

*Please list all CPT codes requested, please, no code ranges.

CPT/Procedure code/# of units: _____	Procedure description: _____
CPT/Procedure code/# of units: _____	Procedure description: _____
CPT/Procedure code/# of units: _____	Procedure description: _____

Diagnosis

ICD code (s): _____	Diagnosis description: _____
ICD code (s): _____	Diagnosis description: _____
ICD code (s): _____	Diagnosis description: _____

Please FAX to (866) 473-0159

For questions: Call Rios Arizona IPA

Phone Number: (844) 220-9222 Option 5

This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and confidentially destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.