



OKLAHOMA

Health Care Authority

OUT-OF-STATE PRIOR AUTHORIZATION REQUEST

Member Name:				Male		Female
Date of Birth:		RID:				
Address:						
Parent/Caregiver:						
Contact Number:			Fax Number:			
Referring PCP or Specialist:			NPI or Provider ID#:			
Referring Provider Contact:			Contact Number:			
Active Diagnosis/Diagnoses Related to Request:						
Services Being Requested With CPT Codes:						
Are these services emergent or urgent based on clinical conditions? If yes, why?						
Date of Service:						
Outpatient		Inpatient		Length of Stay (Inpatient):		
Is transportation needed?		No		Yes	If yes, what type?	

Accepting Provider/Facility:			NPI or Provider ID#:		
Address:			Phone Number:		
Fax Number for Accepting Provider/Facility:					
FOR OHCA USE ONLY	Non-Contracted		Willing to Contract		

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Please attach the following:

- Documentation to establish the medical necessity of services requested, such as medical records.
- Letter of medical necessity or other thorough summary document that includes:
 - Summary of the member's condition and history of treatment related to request.
 - History of other providers who have evaluated, treated or consulted member related to request.
 - Recommended treatment or further diagnostic needed.
 - Why medical care cannot be completed in Oklahoma or the next closest location.

Fax this form to: OHCA - Population Care Management Division. Fax: 405-213-1145



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/OHCA
mysoonerhealth.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767