



**Farm Bureau Health Plans Medicare Advantage HMO
Prior Authorization Form**

Phone: (800) 608-2667

Fax: (844) 263-1928

Instructions:

1. Please complete the Prior Authorization Form on page 2.
2. Include all clinical information (x-ray reports and diagnostic test results that support the procedure(s) requested).

There are two options for submitting your Prior Authorization Requests to us:

1. Submit your request on-line through the Prior Authorization Portal:
<https://fbhp.healthtrioconnect.com>. PLEASE NOTE this website is specific to MEDICAL priorauthorization requests.
2. Fax your Request to: (844) 263- 1928.
3. To provide the information verbally, please call 1-800-608-2667.

Please contact our Prior Authorization Department at 800.608.2667 with any questions or concerns.

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PATIENT INFORMATION

Last Name: [] First Name: [] DOB: []
Insured ID #: [] Phone: []
Address: [] City: [] State: [] Zip: []

PLEASE CHECK ONE OF THE FOLLOWING

- [] Routine
[] Expedited/ Urgent: (Applying the standard time-frame could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function)

REQUESTING PROVIDER INFORMATION:

Provider Name: []
Group Name: []
Specialty: []
Tax ID#: []
Address: []
City: [] State: [] Zip: []
Contact Name: []
Phone: [] EXT: []
Fax: []

SERVICES

DOS: []
DME ITEMS (CHECK ONE) [] RENTAL [] PURCHASE
TYPE OF SERVICE: [] OUTPT [] NPT
[] Office [] Surgery Center
[] SNF [] Home
[] Other: []

PLACE OF SERVICE INFORMATION

Provider/ Facility: []
Group Name: []
Specialty: []
Tax ID#: []
Address: []
City: [] State: [] Zip: []
Contact Name: []
Phone: [] EXT: []
Fax: []

Diagnosis Code(s): [] [] []
[] [] [] []
CPT/HCPCS CODE(S):
(INCLUDE NUMBER OF UNITS PER CODE) []
[] [] [] []
[] [] [] []

PLEASE ATTACH SUPPORTING CLINICAL INFORMATION (E.G., PLAN OF CARE, MEDICAL RECORDS, LAB REPORTS, LETTER OF MEDICAL NECESSITY, PROGRESS NOTES, ETC.)

Other/ Notes:

[]

- ALL SECTIONS OF THIS FORM MUST BE COMPLETED.
• ON ADVERSE DETERMINATIONS, A RECONSIDERATION/EXPEDITED APPEAL MAY BE REQUESTED.

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage.

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