

# Out-of-State Prior Authorization Request Form

To create a new referral or authorization online, visit [Availity.com](http://Availity.com). Providers can also fax a completed request to 833-558-9712.

**Please complete all fields on this form and attach to your clinical documentation prior to submitting for review.**

Contact at provider office:	Secure fax:
Name of requesting provider:	Phone:
<b>Note:</b> Please provide your preferred contact information in case Humana needs to contact you to clarify or request additional information when completing your request.	

## Member information

Last name:	First name:
Medicaid ID:	Date of birth:
Parent/guardian/caregiver:	
Authorization reference number (if applicable):	

## Referring provider

Name:	National Provider Identifier (NPI):
Address:	
Phone:	Fax:

## Accepting provider/facility

Name:	NPI:
Address:	
Phone:	Fax:



Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

## Service request

Active diagnosis/diagnoses related to request:

Services being requested:

Are these services emergent or urgent based on clinical conditions?      Yes      No  
If yes, why?

Date of service:

Outpatient	Inpatient	If inpatient, length of stay:
Is transportation needed?	No      Yes	If yes, what type?

### Please attach:

- Clinical documentation to establish the medical necessity of services requested.
- Summary of the member's condition and history of treatment related to request.
- History of providers who evaluated, treated or were consulted related to request.
- Recommended treatment or further diagnostic testing needed.
- Explanation of why medical care cannot be completed in Oklahoma or the next closest location.