NEVADA UNIVERSAL
PRIOR AUTHORIZATION FORM

Health Plan of Nevada (HPN): ☐ **Nevada Exchange:** ☐ **Sierra Choice:** ☐ **Tier I (HMO)** ☐ **Tier II (PPO)** ☐ **Tier III** **Smart Choice/Nevada Check Up (Medicaid):** ☐ **Sierra Health and Life:** ☐ **Out of plan** ☐ **Sierra Health and Life EPO** ☐	Primary Care Provider Name / Address / Phone & Fax #:
Phone: (LV) 702-243-8499 (outside LV) 888-224-4036 **Fax #: (LV) 702-304-7411 (outside LV) 800-282-8845**	Requesting Provider Name:
Date of Request:	
Member Name & member number:	Requesting Provider's Address & Phone #: **Requesting Provider's Fax #:**
Members Address & Phone #:	Requesting Provider's Tax ID #: HIPAA Provider Identification #:
Member's DOB:	Contact Person (Name, Phone & Fax # :)
Employer Group's Name & Phone #:	Requesting Provider's Signature or Stamped Signature:
Other Insurance(s):	
Diagnosis (incl. ICD-10 code):	Procedure/Treatment Request (incl. CPT code): Number of Treatments Requested _____ Inpatient / Outpatient: Services Requested by Patient: *YES* *NO*
Service Provider / Address / Phone #:	Place of Service / Facility and Address: Requested Procedure Date / Start Treatment Date:

Area for internal health plan use only	Authorization:		Date of Authorization:	Pended / Denied: (Reason):
Health Plan Contact name & phone #:	Yes	No	Authorization Number:	

Pertinent Attachments=*Information to support the proposed diagnosis, treatment/procedure; i.e. current clinical findings (progress reports), results of laboratory testing, imaging studies (x-rays, etc.) must be submitted to prevent processing delays.*

**** 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, Certificate of Coverage, or Self Insured Employer's Plan Documents.

Revised 9/5/19

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