

PO Box 91110
 Sioux Falls, SD 57109
 (844) 637-4760
 Fax: (605) 312-8219



Medical Prior Authorization Request

Please complete, sign and date this form.

Patient Information			
Member Name:		Member ID#:	
Address:		City, State, Zip Code:	
DOB:		Phone Number:	
Provider/Vendor Information			
CPT Codes/HCPC Codes:		Inpatient: Outpatient:	
Date of Service:		Retro: YES NO	
Primary Diagnosis – ICD-10:		Secondary Diagnosis – ICD-10:	
Medication Requests (if applicable) Name: Dose:		Medication Directions:	
Ordering Provider		Referred To Provider/Facility	
Ordering Provider Name:		Referred to Provider Name/Facility:	
Specialty: No specialty		Specialty: No specialty	
Tax ID number:		Tax ID number:	
NPI number:		NPI number:	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Contact person at referring provider's office:		Contact person at referred to provider's office:	
Phone Number:	Fax Number:	Phone Number:	Fax Number:

Clinical Information Submitted for Determination

Determination will be based on individual plan policy and clinical documentation submitted. Include all pertinent clinical documentation to support the request. Check all that apply.

- | | |
|-----------------------------|--------------------------------|
| Letter of Medical Necessity | Diagnostic CDs |
| Current Clinical Notes | Colored Photos |
| Labs | Durable Medical Equipment Form |
| Diagnostics Report | Other |

Signature

Codes not requested at time of service may result in a denied claim.

Requesting Person/Authorized Representative Signature:

Date Submitted:

Great Plains Medicare Advantage is an HMO I-SNP with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or any other classification protected under the law. If you need language services or information given in a different format please call (844) 637-4760 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 637-4760 (TTY: (888) 279-1549). 注意：注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (844) 637-4760 (TTY: (888) 279-1549). Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.