



**AETNA BETTER HEALTH<sup>®</sup> OF NEW YORK**  
**Prior Authorization Form**

Did you know that you can use our provider portal Availity<sup>®</sup> to submit prior authorization request, upload clinical documentation, check statuses, and make changes to existing requests? Register today at [www.Availity.com](http://www.Availity.com)

**MLTC Phone:** 1-855-456-9126

**MLTC Fax:** 1-855-474-4978

Date of Request: \_\_\_\_\_

**For urgent requests (required within 24 hours), call Aetna Better Health of New York at 1-855-456-9126**

**MEMBER INFORMATION**

Name: \_\_\_\_\_ ID Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Gender (circle one): **F** **M**

**REQUESTING PHYSICIAN OR PROVIDER INFORMATION**

**Referring Provider / Requesting Provider**

**Place of Service or Facility Name**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Specialty: \_\_\_\_\_ Specialty: \_\_\_\_\_

National Provider Identification (NPI): \_\_\_\_\_ National Provider Identification (NPI): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**REFERRAL / AUTHORIZATION INFORMATION**

**Problem / Diagnosis (ICD-9 Code(s)):** \_\_\_\_\_

**Procedure / Test Requested (CPT Code(s)):** \_\_\_\_\_

**Date of Appointment or Service:** \_\_\_\_\_ **Number of Visits Required:** \_\_\_\_\_

Type of Procedure (circle one):    Inpatient                      Outpatient                      In Office

**Other Clinical Information** - Include clinical notes, lab and X-ray reports, etc. (For procedures, please attach additional pages as necessary.): \_\_\_\_\_

[www.aetnabetterhealth.com/ny](http://www.aetnabetterhealth.com/ny)