

7400 W. Campus Rd.  
New Albany, OH 43054



**Prior Authorization Form**

Aetna MedicareBetter Health® HMO D-SNP)  
Aetna Medicare<sup>SM</sup> Assure Value (HMO D-SNP)

Phone: **1-855-463-0933**

Fax: **1-833-280-5224**

**PLEASE NOTE:** Our free provider portal (Avality Essentials) may be used in place of this form to start, update, and check the status of a Prior Authorization. Please visit [www.availity.com/aetnaproviders](http://www.availity.com/aetnaproviders)

**Date of Request:**

**Time of Request:**

For urgent requests (required within 24 hours), call the plan at **1-855-463-0933**.

**Member information**

Name:		ID number:
Date of birth:	Physician Name:	
Other Insurance:		
Gender (circle one): F      M		

**Referring Provider / Requesting Provider**

**Place of Service or Facility Name**

Name:	Name:
Address:	Address:
Phone number:	Phone number:
Fax number:	Fax number:
Specialty:	Specialty:
National Provider Identification (NPI):	National Provider Identification (NPI):
Contact person:	Contact person:

Problem / Diagnosis (ICD-10 Code(s))
Procedure / Test Requested (CPT Code(s))

Date of appointment or services:	Number of visits required:
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Type of Procedure (circle one):      Inpatient      Outpatient      In Office

**PLACE OF SERVICE:**

☐ 31 SKILLED NURSING FACILITY ☐ 32 NURSING FACILITY ☐ 33 CUSTODIAL CARE FACILITY ☐ 12 HOME ☐ 11 OFFICE

**Other Clinical Information** - Include supporting pertinent clinical information (Required\*)--*5 pages or less*-- (e.g. clinical/progress notes, lab/imaging reports, plan of care, letter of medical necessity, etc).

\*NOTE: FAILURE TO INCLUDE NPI NUMBERS, DIAGNOSIS, CPT/HCPCS CODES, AND SUPPORTING CLINICAL INFORMATION WILL RESULT IN THE RETURN OF THIS FORM UNPROCESSED:\_\_\_\_\_

**AetnaBetterHealth.com/Virginia-hmosnp**

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