Aetna Better Health® of Ohio Dual Preferred (HMO SNP)
7400 West Campus
Road New Albany, OH 43054

Prior Authorization Form

Phone: 1-800-260-3166, TTY: 711
Fax: 1-866-742-7210

Date of Request: _____

For urgent requests (required within 72 hours), call Aetna Better Health® of Ohio Dual Preferred (HMO SNP) at 1-800-260-3166.

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
Name:_____
Address:_____
Telephone #: _____
Fax #: _____
Specialty: _____
National Provider Identification (NPI): _____
_____ **Contact Person:** _____

Place of Service or Facility Name
Name:_____
Address:_____
Telephone #: _____
Fax #: _____
Specialty:_____
NPI: _____
Contact Person: _____

REFERRAL / AUTHORIZATION INFORMATION

Problem / Diagnosis (ICD-10 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.): _____
_____