



AETNA BETTER HEALTH® OF VIRGINIA HMO SNP

Prior Authorization Form

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

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

Date of Request:

Time of Request:

For urgent requests (required within 24 hours), call Aetna Better Health of Virginia HMO SNP 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

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: _____