Fax completed form to **888.647.6152** (standard & retrospective) or **616.975.8892** (expedited only)
Questions? Call our Provider Helpline at **800.942.4765**.

Priority Health

Medical prior authorization form

Missing or incomplete information, including required clinical documentation, may result in delays.
Don't use this form for emergent inpatient requests. Instead, use our Emergent Inpatient Form.

☐ Check if requesting on behalf of a Cigna-participating provider
☐ Check if your request is a Medicare Pre-Service Organization Determination (PSOD)

Date of request: _____

Type of service

☐ Planned surgery / procedure ☐ Outpatient service
☐ Inpatient
☐ Outpatient / observation

Priority

☐ Standard ☐ Expedited* ☐ Retrospective

**By checking this box, I attest that applying the standard timeframe could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.*

Member information

Member last name		Member first name	
Priority Health ID#		Date of birth	

Date(s) of service	From:	To:	
Diagnosis code(s)		Diagnosis	
Procedure code(s)		Procedure	

Provider / facility information

Provider name		Facility name	
Provider TIN		Facility TIN	
Provider NPI		Facility NPI	
Address		Address	

Contact

Name			
Phone		Fax	

Additional information (i.e., H&P, labs, vitals, medication record, imaging)

To receive payment from any Medicaid program, federal regulation requires that those providing services to a Medicaid beneficiary must enroll in CHAMPS (Community Health Automated Medicaid Processing System) to receive reimbursement. For more information, go to: https://milogintp.michigan.gov or contact the Medicaid Provider Helpline at 1.800.292.2550.

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