



STATE OF OKLAHOMA
 Oklahoma Health Care Authority
 Prior Authorization Attachment Form Cover Sheet

- Amended
 Photos/Videos Included

Note: Do not place another Fax Cover Sheet on top.

Three fields below are required and must match the prior authorization request.

1. **Provider Number or NPI/ZIP/ZIP+4**
2. **Member ID Number**
3. **Prior Authorization Number**

Please note: effective 7/1/2017, amendments will be the only documentation accepted via fax. All initial (new) prior authorization requests must be initiated using the SoonerCare Provider Portal, this includes the upload of clinical documentation. Also, additional documentation requested will be required to be uploaded.

Purpose:

This form is to be used when a prior authorization request (PAR) requiring a photo/video or Amendment is being submitted. Submission of the completed forms along with the required attachments, will allow the appropriate review process to be conducted by the OHCA.

Instructions:

1. Box 1; fill in the servicing provider number.
2. Box 2; fill in the nine-digit member identification number.
3. Box 3; write the ten-digit Prioir Authorization number that corresponds with the photo/video or amendment that is being submitted to ensure that information is attached to the appropriate PAR.
4. The Amended box is to be checked when minor changes are required to an existing approved authorization.
5. The Photos/Videos Included box is to be checked when submitting photos or videos for review. Mail to: DXC Attn: Prior Authorizations, 2401 NW 23rd, Suite 11, Oklahoma City, OK. 73107.
6. Fax all forms and documentation to: **405-702-9080 Toll Free 1-866-574-4991.**

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This form is for use with Prior Authorization requests requiring attachments.

Sender's Name: _____ Phone Number: _____ Fax Number: _____

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