PRIOR AUTHORIZATION REQUEST FORM FOR
UNINSURED PATIENTS ONLY

Health Care District
OF PALM BEACH COUNTY

FAX COMPLETED FORMS TO: (561) 733-6663

Important: Use one request form per drug
Incomplete forms will not be processed

Medical Record Number

Member Date of Birth (MM/DD/YYYY)

Member Name (Last, First)

Prescriber Name (Last, First)

Prescriber NPI #

Prescriber Phone #

Prescriber Fax #

Drug Name

Strength

Directions

Quantity

Refills

Diagnosis (Do not use ICD codes)

Please explain why patient cannot utilize a formulary medication. Please include a list of medications that the patient has previously tried, including doses, durations, and reasons for discontinuation:

Health Care District CHC Pharmacy Location Member Utilizes (Please circle one location)

West Palm Beach	Atlantis	Delray Beach	Belle Glade	Mangonia Park
1150 45th Street	4801 S. Congress Ave.	200 Congress Park Dr.	39200 Hooker Hwy.	2051 45th St., Ste 300
561-209-2577	561-209-2575	561-209-2570	561-209-2580	561-209-2573

Provider Signature

Date (MM/DD/YYYY)

For questions regarding completion or processing of this form, please contact Health Care District Pharmacy Prior Authorization Department at 561-804-5600 x291202.

The approval for this request is subject to member active eligibility status/criteria and specific plan coverage and limitations.

Confidentiality Statement

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