

PRIOR AUTHORIZATION REQUEST FORM FOR UNINSURED AND DISTRICT CARES PATIENTS ONLY



FAX COMPLETED FORMS TO: (561) 733-6663

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

Athena Medical Record Number

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Member Date of Birth (MM/DD/YYYY)

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Member Name (Last, First)

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Prescriber Name (Last, First)

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Prescriber NPI#

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Prescriber Phone#

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Prescriber Fax#

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Drug Name

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Strength

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Directions

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Quantity

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Refills

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Diagnosis (Do not use ICD codes)

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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:

HCD Clinic Pharmacy Location Member Utilizes (Please circle one location)

West Palm Beach 1150 45 th Street 561-209-2577	Lantana 1250 Southwinds Dr. 561-209-2575	Delray Beach 225 S. Congress Ave 561-209-2570	Belle Glade 941 SE 1 st 561-209-2580	Jupiter 411 W Indiantown Rd 561-209-2572
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Provider Signature

Date (MM/DD/YYYY)

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For questions regarding completion or processing of this form, please contact Health Care District Pharmacy Prior Authorization Department at 561-804-5600 x291200 or x291209.

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

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