



**PRIOR AUTHORIZATION MEDICATION EXCEPTION REQUEST FORM  
FOR STATUS OF A REQUEST CALL: 1-800-867-6564**

CONTROL #: \_\_\_\_\_

FAX TO: 1-800-977-8226  
DATE: \_\_\_\_\_

FORM MUST BE FULLY COMPLETED TO AVOID A PROCESSING DELAY. PLEASE PRINT.

Patient's Name (last, first, MI)		Member ID#	Date of Birth
Patient's Street Address/City/State/Zip Code		Allergies	Home Phone #: ( )
Physician's Name (last, first, MI)	Physician Specialty	Phone #: ( )	Fax #: ( )
Physician's Address/City/State/Zip Code		License #:	DEA #:
Is Patient (Please Circle One)                      Commercial                      Medicare                      Medicaid <i>(State Mandated Appeal Requirement. This information is required.)</i>			
Medication Name and Strength	Quantity	Direction for Use and Duration	
Diagnosis: (Include ICD-9 Codes)			
Formulary Medications Tried / Previous Therapy:			Dates of Use:
Medication Justification for Requested Medication			
**Home Health Provider:		Phone #:	Fax #:
First Dose:			
Physician's Signature:		Date:	
<b>Note:</b> "HNPS reviews only the authorization for medical necessity of the medication. Provision of the medication by a vendor and/or nursing care associated with the administration of the medication must also be Prior Authorized by Health Net (formerly PHS Health Plans)."			
<b>Fraud Prevention Regulation:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. In New York said civil penalties shall not exceed five thousand dollars and the stated value of the claim for each violation.			

PLEASE DO NOT WRITE BELOW THIS LINE

- Please verify patient's ID # and name.
- Member is not eligible. Please contact customer service at Health Net at 1-800-441-5741.
- Prior authorization is not required for this medication.
- More information is required (If this is not provided within 72 hours, the request will be considered withdrawn).

<b>OFFICE USE ONLY</b>
___ GRIEVANCE # ___
___ MED. NECESSITY # ___
___ APPEAL

Comments/Explanation:

HN PS Pharmacy Consultant or Health Net Medical Director	Approved	Denied	Pending	Date	Expiration Date