

**INNOVATION CARE PARTNERS
PRIOR AUTHORIZATION FORM
FAX: 480-588-8061**



Member ID#

PREPARERS INFORMATION:

Name	Direct Telephone Number & Extension	Email
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REQUESTED MEDICAL PROCEDURE/SERVICE/DEVICE:

Diagnosis Description	ICD-10 Code(s)	Request/Procedure Description	CPT Code(s)	Units

Additional comments:

FOR ICP UM USE ONLY

Reference Number	Date Range	Determination	Approved Units
		<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED POSTSERVICE (Retro) <input type="checkbox"/> PARTIAL APPROVAL/DENIAL <input type="checkbox"/> DENIAL	

Comments:

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An approved authorization is based on Medical Necessity only and is not a guarantee of payment

Payment for services is dependent upon the patient's eligibility at the time services are rendered. Copays, coinsurance and/or deductibles may apply. For information pertaining to eligibility, benefits (deductible, coinsurance, copayments) or claims processing, please contact AmeriBen at (602) 231-8855.

★ Please note: A current listing of ICP's services requiring Prior Authorization can be found on our website: <https://www.icppatient.com/> under the "Tools and Resources" tab.

★ We want to hear from you! We would love to hear about your experience with us. Please take our brief survey by going to this website: <https://www.surveymonkey.com/r/MedManagementSurvey>

HIPAA Notice: The information contained in this form may contain confidential and legally privileged information. It is only for the use of the individual or entity named above. If the recipient of this form is not the recipient addressed on the form, you are hereby notified that any dissemination, distribution or copying of the attached document(s) is strictly prohibited. If you have received this in error, please immediately notify the sender by telephone and return the form to the sender.

Innovation Care Partners Satisfaction Survey

Please take a moment to complete our brief survey.
Email completed survey to icppa@icphealth.com or fax to 480-588-8061.

1. How would you rate your overall experience? (5 being the highest rating)

1 2 3 4 5

2. If you had a question or issue, was it resolved?

Yes No Not Applicable

3. Is there anything we could have done differently to provide you with a better experience?

Yes No

If "Yes", please explain:

4. If a representative assisted you, how would you rate their professionalism?

1 2 3 4 5

Would you like to provide recognition or comments regarding our staff:

5. Would you like a team member to follow up with you?

Yes No

If "Yes", what is your name & telephone number?

Thank you for taking our survey! Your feedback is appreciated!