



Prior Authorization Fax
1-855-540-7066

Prior Authorization Retro Fax
1-855-540-7066

DME Fax
1-855-540-7067

OB Request Fax
1-855-540-7066

Fax this form and submit all pertinent clinical information to the appropriate fax number above.

Please print — accuracy is important.

Facility name:			
National Provider Identifier (NPI) number:		Tax ID:	
Address:			
Phone:		Fax:	
Provider name:		Keystone First CHC provider ID:	
NPI number:		Tax ID:	
Address:			
Phone:		Fax:	
Preparer's name:		Phone:	Fax:
Date faxed:		Number of pages:	

Patient information

Patient name:	
Keystone First CHC ID number:	
Date of birth:	
Eligibility date:	
Third-party liability:	

Check one: IP request OP request Short Procedure Unit (SPU) DME: rental or purchase OB request Home care

Date of service:		Pending authorization number (if applicable):	
Requested service:		Dx code(s):	
Treating physician name:		CPT code(s) and quantity:	
Physician NPI number:		HCPC code(s) and quantity:	

Referring physician name:	
NPI number:	
Phone number:	
Fax number:	

Important payment notice:

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Any claims submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>.