



**Aetna Assure Premier Plus (HMO D-SNP)**

7400 West Campus Rd.  
New Albany, OH 43054

**PLEASE NOTE: Our free provider portal (Avality Essentials) may be used in place of this form to start, update, and check the status of a Prior Authorization. Please visit [www.avality.com/aetnaproviders](http://www.avality.com/aetnaproviders)**

**Aetna Assure Premier Plus (HMO D-SNP)**

Prior Authorization Form

Phone: **1-844-362-0934**

Fax: **1-833-322-0034**

**Date of Request:**

**Time of Request:**

**Place of Service:**

31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 12 Home 11 Office

For urgent requests (required within 24 hours), call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934**.

**Member information**

Name:		ID number:
Date of birth:	Physician Name:	
Other Insurance:		
Gender (circle one):      F      M		

**Referring Provider / Requesting Provider**

**Place of Service or Facility Name**

Name:	Name:
Address:	Address:
Phone number:	Phone number:
Fax number:	Fax number:
Specialty:	Specialty:
National Provider Identification (NPI):	National Provider Identification (NPI):
Contact person:	Contact person:

Problem / Diagnosis (ICD-10 Code(s))
Procedure / Test Requested (CPT Code(s))

Date of appointment or services:	Number of visits required:
Type of Procedure (circle one):      Inpatient      Outpatient      In Office	

**Other Clinical Information** - Include supporting pertinent clinical information (Required\*)--5 pages or less-- (e.g. clinical/progress notes, lab/imaging reports, plan of care, letter of medical necessity, etc).

\*NOTE: FAILURE TO INCLUDE NPI NUMBERS, DIAGNOSIS, CPT/HCPCS CODES, AND SUPPORTING CLINICAL INFORMATION WILL RESULT IN THE RETURN OF THIS FORM UNPROCESSED: \_\_\_\_\_

**AetnaBetterHealth.com/New-Jersey-hmosnp**

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Proprietary