

**Molina Healthcare of California**  
**Prior Authorization Request Form**  
**CONTINUITY OF CARE**  
**Fax: 800-811-4804**

MEMBER INFORMATION					
<b>Plan:</b>	<input type="checkbox"/> Molina Medi-Cal	<input type="checkbox"/> Molina MMP (Duals)	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Molina Marketplace	<input type="checkbox"/> Other:
<b>Member Name:</b>				<b>DOB:</b>	
<b>Member ID#:</b>				<b>Phone:</b>	(    )    -
<b>Service Type:</b>	<input type="checkbox"/> Elective/Routine		<input type="checkbox"/> Expedited/Urgent*		
Referral/Service Type Requested					
<b>Inpatient</b>		<b>Outpatient</b>			<input type="checkbox"/> Home Health
<input type="checkbox"/> Surgical Procedures		<input type="checkbox"/> Surgical Procedures <input type="checkbox"/> Rehab (PT, OT, & ST)			<input type="checkbox"/> DME
<input type="checkbox"/> ER Admits		<input type="checkbox"/> Diagnostic Procedures <input type="checkbox"/> Chiropractic			
<input type="checkbox"/> SNF		<input type="checkbox"/> Wound Care <input type="checkbox"/> Infusion Therapy			<input type="checkbox"/> In Office
<input type="checkbox"/> Rehab		<input type="checkbox"/> Other: <input type="checkbox"/> Behavioral Health			
<input type="checkbox"/> LTAC					
<b>Diagnosis Code &amp; Description:</b>					
<b>CPT Code &amp; Description:</b>					
<b>Number of visits requested:</b>				<b>Date(s) of Service:</b>	
PROVIDER INFORMATION					
<b>Requesting Provider Name:</b>					
<b>Facility Providing Service:</b>					
<b>Contact at Requesting Provider's office:</b>					
<b>Provider's Tax ID:</b>				<b>NPI #:</b>	
<b>Phone Number:</b>	(    )    -		<b>Fax Number:</b>	(    )    -	
INDEPENDENT PRACTICE ASSOCIATION					
<b>Member assigned IPA group:</b>					
<b>Member's effective date:</b>				<b>Signature and date:</b>	
<b>Authorization #:</b>			<b>Authorization date:</b>	<b>Authorization term date:</b>	
<b>LOA in place:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			<b>Signature and date:</b>		
<b>For Molina Use Only:</b>					