



Prior Authorization Form

Molina Healthcare of Texas
Talking Blood Glucose Meter

This fax machine is located in a secure location as required by HIPAA Regulations. Complete / Review information, sign, and date. Fax signed forms to Molina Pharmacy Prior Authorization Department at 1-888-487-9251. Please contact Molina Pharmacy Prior Authorization Department at 1-855-322-4080 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Talking Blood Glucose Meter (Medicaid)

Product Name

Patient Information

Form with fields: Patient Name, Patient ID, Patient Group No., Patient DOB

Prescribing Physician

Form with fields: Physician Name, Physician Phone, Physician Fax, Physician Address, City, State, Zip

Form with fields: Diagnosis, ICD Code

Please circle the appropriate answer for each question.

- 1. Does the patient have a decreased ability to see that is not managed with corrective lenses or medication? Y N
If the answer to this question is yes, approve.
If the answer to this question is no, denied.

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (or Authorized) Signature

Date