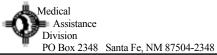
PRIOR APPROVAL REQUEST



Send PA Requests to: Molina Healthcare of New Mexico, TPA PO Box 3909 Albuquerque, NM 87190 1-866-916-3250	Physical Therapy Occupational Therapy Speech Therapy Durable Medical Equipment	Psyc Pros Hea	ritional Supplements chiatry and Psychology sthetics and Orthotics ring Aid Services on Services	
RECIPIENT'S Name - Last First	MI	MEDICAID ID Number		h Date Sex M DF
RECIPIENT'S Address - Street/PO Box/R. Rt.	City State	Zip Code I	f in Care Facility, give name	
Provider, Pharmacy, etc., Name, Address, Zip Code		Ordering Physician'	s Name, Address, Zip Code	
Γ	٦	Γ		٦
L	٦	L		L
PROVIDER PHONE NO	NPI	Т	AXONOMY	
ORDERING PHYSICIAN PHONE NO	NPI	Т	AXONOMY	
REQUEST for TREATMENT, EQUIPMENT of				
RENTAL Duration	Purchase Date of Verb	al Approval		
Procedure Code:	Description:			
Procedure Code:	Description:			
Procedure Code:	Description:			
Other:				
L. DIAGNOSIS, HISTORY and MEDICAL JUSTI	EICATION for DEOUEST (If applicable of	ash a gamarata abaat ar aany	of office record)	
DIAGNOSIS CODE CLINICAL INFORMATION:	(Coding required for psychological	psychiatric services)		
Signature (Speech, Occupational, Therapy)	Date Signed PHYSICIAN'S	S or Other Practitioner's Sig	nature	Date Signed
REVIEWING AGENCY USE ONLY				
Date Reviewed Approved Denied 1. This authorization must be attached when filing claim OR authorization number is to be inserted in the appropriate block on the claim.	Reviewer 3. Payment is contingent on payment levelfect on the date of service. Approval deguarantee payment levels that may be que	els in pes not	To Date Received	Authorization Number
inserted in the appropriate block on the claim form. 2. This authorization is subject to the eligibility of the patient at the time the service is rendered. Verify the patient's eligibility by checking the monthly ID card before rendering service. The patient's eligibility may terminate without notification to the provider. Transfer of the patient to a nursing home or other institution may change the benefits available to the patient. The provider must verify the status of the approval when such a transfer occurs. MAD 303 Revised 4/07	guarantee payment levels that may be que part of the approval request. 4. Monthly rental charges shall not exce purchase price. All rental payments must toward purchase. 5. Services and supplies must be initiated days of date reviewed or authorized; tang must be supplied within 60 days of autho date. 6. Authorized services and goods must be only within approved dates and not to except the date of date reviewed.	ed 10% of t be applied within 60 ible items rization pe provided	AGENCY USE OF	NLY