MEDTIPSTER.COM, LLC
REQUEST FOR PRIOR AUTHORIZATION
(ALL AUTHORIZATIONS ARE PENDING VALID ELIGIBILITY)

PRESCRIBING PHYSICIAN:

Name: ______________________________________
First Last

Direct Phone #: (_ _ _) - _ _ _ - _ _ _ _

Secure Fax #: (_ _ _) - _ _ _ - _ _ _ _

Physician Specialty: ____________________________

BENEFICIARY:

Name: ______________________________________
First Last

Subscriber ID#: ______________________________

Date of Birth: _ _ - _ _ - _ _ _ _

Sex: ☐ Female ☐ Male

Name and title of person completing form (please print): ____

****Please complete drug information below in its entirety. Prior authorization cannot be processed with missing information****

Drug Name	Strength	Administration Schedule	Length of Therapy	Quantity Requested:

Patient's diagnosis for use of this medication: ____

Previous history of medical condition, allergies, or other pertinent medical information that necessitates the use of this medication:

____

Has the patient been seen by any other provider for this condition? ☐ Yes ☐ No

If so, what was the prescriber's specialty? ______________________________

Previous non-prior authorized and prior authorized medications tried and failed for this condition:

Name of Medication:	Reason for Failure:	Date:
___________________	___________________	___________
___________________	___________________	___________
___________________	___________________	___________

Pertinent laboratory test or procedures (if applicable):

Procedure:	Findings:	Date:
___________________	___________________	___________
___________________	___________________	___________
___________________	___________________	___________

Other relevant information (if more room is required, please include additional pages):

____

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Submit requests to:
Medtipster.com, LLC
Email: priorauth@medtipster.com
Phone: (877) 207 – 5939
Fax: (248) 502 – 3167

Office Use Only: ☐ New ☐ Renewal ________________________

First request: ______________ Second request: ________________

Third request: ______________ Final request: ________________

Group name/ID: ____