



MARICOPA
HEALTH PLAN

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Maricopa Health Plan

BULLETIN

DATE: May 25,2007

SUBJECT: Prior Authorization Form

TO: All Providers

NO: 07_07

Please ensure that this information is communicated with the Pre-Visit Coordinators, Pre-certification staff, Nurses Managers, Clinic Managers and any other appropriate front office personnel.

New and Improved Prior Authorization Form!

Attached is our new Prior Authorization Form for Maricopa Health Plan members.

The new form features:

- Priority Box – Providers can now designate referral priority
- Medical Director Comments – Better communication between Plan Medical Directors and Providers

You may begin using this form now! **Effective July 1, 2007** this form **must** be utilized. Prior Authorization Requests after July 1, 2007 on old Prior Authorization Request forms will be returned to the Provider.

If you have any questions regarding this bulletin, please contact your Provider Relations Representative.

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