

CCP Prior Authorization Request Form

If any portion of this form is incomplete, it will be returned.

Fax completed forms to 1-512-514-4212

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| Request for: | <input type="checkbox"/> DME | <input type="checkbox"/> Supplies | <input type="checkbox"/> Private Duty Nursing | <input type="checkbox"/> Inpatient Rehabilitation | <input type="checkbox"/> Other |
| Section A: Client Information | | | | | |
| Client Name (Last, First, MI): | | | | | |
| Medicaid Number (PCN): | | | Date of Birth: / / | | |
| Section B: Supplier/Vendor/Qualified Rehabilitation Professional (QRP) Information | | | | | |
| Supplier Name: Lora Williams, MS,RD,LD | | Telephone: (940)380-8780 | | Fax Number: (940)380-8788 | |
| Supplier Address: 121 W Hickory St. Ste 131 Denton, TX 76201 | | | | | |
| TPI: | | NPI: | | Benefit Code: | |
| QRP Name: | | QRP TPI: | | QRP NPI: | |
| Section C: Diagnosis and Medical Necessity of Requested Services | | | | | |
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| Section D: Dates of Service and HCPCS Code | | | | | |
| Dates of Service | | From: / / | | To: / / | |
| HCPCS Code/Modifier | Brief Description of Requested Services | Quantity/Frequency | Retail Price | | |
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| Note: HCPCS codes and descriptions must be provided. | | | | | |
| Section E: Primary Practitioner's Certifications —To be completed by the primary practitioner | | | | | |
| By prescribing the identified DME and/or medical supplies, I certify: | | | | | |
| <ul style="list-style-type: none"> • The client is under 21 years of age AND • The prescribed items are appropriate and can safely be used by the client when used as prescribed | | | | | |
| By prescribing Private Duty Nursing, I certify: | | | | | |
| <ul style="list-style-type: none"> • The client is under 21 years of age AND • The client's medical condition is sufficiently stable to permit safe delivery of private duty nursing as described in the plan of care. | | | | | |
| Signature of prescribing physician: | | | | Date: | |
| Printed or typed name of physician: | | | | | |
| TPI: | | NPI: | | License Number: | |