MedCarePartners
Health Plan of Texas

# PRIOR AUTHORIZATION FORM

Fax: 1-888-200-3558 | Mail: 11602 Bellaire Blvd., Suite C Houston, TX 77072

The use of this form is optional. You can call the MedCare Partners Health Plan of Texas Member Services Department at 1-866-MCP-TX01(1-866-627-8901) | TTY 711 to verbally request a prior authorization.

Date: _____

**Request Type:** ☐ Urgent (Expedited) ☐ Standard

**1**

Patient Name: _____ Phone #: _____

Address: _____ City: _____ State: _ Zip: _____

Patient ID #: _____ ☐ Male ☐ Female DOB: _____ Age: _____

Parent/Legal Guardian: _____ Phone #: _____

Referring to: _____ Specialty: _____

**2**

Nephrologist: _____ Phone #: _____ Fax #: _____

**3**

Service Requested: _____

_____

_____

ATTACHMENTS:
☐ Lab
☐ X-Ray
☐ Other

For DME, Therapy, HHC Please Provide Duration & Frequency: _____

**4**

**PHYSICIAN RECOMMENDATION FOR INPATIENT STAY/OUTPATIENT SURGERY/PROCEDURES:**

☐ INPATIENT ☐ OUTPATIENT SERVICES/TEST ☐ DIAGNOSTIC SERVICES/TEST

Facility: _____

Anesthesia ☐ YES ☐ NO Surgery ☐ YES ☐ NO

Admit Date: _____ Time: _____ Estimated Length of Stay: _____

Work Accident ☐ YES ☐ NO

Signature: _____ Date: _____

Print Name: _____

If you have questions, please contact Member Services at 1-866-MCP-TX01 (1-866-627-8901) | TTY 711.