JAI MEDICAL SYSTEMS

MC-Rx Powered by ProCare Rx

Jai Medical Systems Managed Care Organization, Inc.
Prior Authorization Request Form

This form must be completed in its entirety in order to be processed. Please fax completed form and supporting clinical documentation to 1-866-999-7736 or 1-800-583-6010.
For any questions, please contact our Pharmacy Services Department at 1-800-555-8513.

☐ ***Standard*** (Standard review timeframe is **within 24 hours** for complete requests.)

☐ ***Urgent*** (Please only check this box if applying the standard review timeframe may seriously jeopardize the member's life, health, or ability to regain maximum function. Please provide an explanation if the box is checked.)

Member's Name: _____
First **Middle I.** **Last**

Member's ID Number: _____ **Date of Birth:** ____/____/____

Requesting Provider: _____ **NPI:** _____ **DEA:** _____

Contact Person at Office: _____ **Phone:** _____ **Fax:** _____

Requested Medication: _____ **Medication Allergies:** _____

Quantity: _____ **Days' Supply:** _____ **Duration of Therapy:** _____

Relevant Diagnosis: _____ **ICD10 Code:** _____

☐ **NEW Therapy** ☐ **CONTINUATION of Therapy** ☐ **Start Date:** _____

Previous Formulary Trial(s):

Drug Strength and Dose	**Dates of Therapy**	**Reason for Discontinuing**

☐ **Please check box if you are requesting an exception to the 14-day opioid quantity limit due to ongoing therapy.**

Rationale (***Required – Please explain in detail the medical necessity for this medication***)**:**

_____

_____

_____

Attestation:

☐ I certify that the information provided on this form is complete and accurate.
☐ I certify that all clinical documentation needed to support this request is attached.
☐ I certify that I am active with Maryland Medicaid's ePREP system.

Are you a participating provider with Jai Medical Systems? ☐ Yes ☐ No

Provider Signature: _____ **Date:** ____/____/____

BEFORE SUBMISSION: This form must be completed in its entirety prior to submission. In addition, all relevant supporting clinical documentation should accompany the request. Incomplete forms cannot be accepted or processed and will be returned to the requesting provider for completion.