

**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:** _____

Email: _____

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 in an active status with Maryland Medicaid.

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.

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