TransparentRx
Doing more for less

General PA Form

Ticket #: _____ **Request Date:** _____ **Request Time:** _____

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of a drug on our prior authorization list. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information: ***Due to privacy regulations, we will not be able to respond via fax with outcome of our review unless all asterisked (*) items on this form are complete.***			
*Patient Name:	*Plan ID#:	*Date of Birth:	
*Patient Street Address:		*Patient Phone #:	
City:	State:	Zip:	
Allergies:	Weight/Date:	Height/Date:	
B. Provider Information			
*Provider Name:	Specialty:	DEA or TIN#:	
Office Contact Person:	Office Phone #:	Office Fax #:	
*Is your fax machine kept in a secure location? ☐**YES** ☐**NO** *May we fax our response to your office? ☐**YES** ☐**NO**			
Office Street Address:	City:	State:	Zip:
Medication *(Please specify name, strength, and dosing schedule):*			
Diagnosis Related to Use:		Duration of Therapy:	
Formulary Alternatives Tried: (Please indicate length of trial and/or if samples were given.)			
Additional Pertinent information: (Please include reasons for drug, relevant lab value, etc.)			
Authorized Medical Signature:		Phone Number:	
Delivery Address: Same as ☐ Patient, same as ☐ Physician or ☐ Other:		Date Needed:	

When Completed Return To:

TransparentRx 10845 Griffith Peak Drive, Las Vegas, NV 89135
866-499-1940 / Fax # 866-515-9591

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.

Prior authorization forms are reviewed at least annually and are available at www.transparentrx.com. Medical Review Criteria are reviewed at least annually. Revised 4/2021.