

Medical Management

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Boise, ID 83702-5809

833-840-1222

Fax: 833-840-3414

Email: preauthcommercial@slhealthplan.org

www.stlukeshealthplan.org



Prior Authorization Request Form

Please include supporting clinical documentation with your request. Submissions without clinical documentation will be considered incomplete. Submit completed forms via fax at **833-840-3414** or email to preauthcommercial@slhealthplan.org. Questions? Contact St. Luke's Medical Management at **833-840-1222**.

Please note: Prior authorization is not a guarantee of payment; payment is subject to member eligibility and benefits at the time of service.

1. MEMBER/PATIENT INFORMATION

First Name	Last Name	Middle Name	Date of Birth
Member ID	Group ID	Group Name	

2. PROVIDER INFORMATION

Referring Provider Name	Address		
NPI	Specialty		
Office Contact Name	Phone Number	Fax Number	
Servicing Provider Name	Address		
NPI	Phone Number	Fax Number	
Specialty			
Facility Name	Facility Address		
Tax ID	Phone Number	Fax Number	

3. SERVICE REQUESTED

Inpatient	Outpatient	Clinical Urgency:	Standard	Urgent	Emergent Inpatient Admission
Primary Diagnosis					
Code/Description				Date of Service	
Services Requested					
Code/Description				Number of Units	
Code/Description				Duration	