

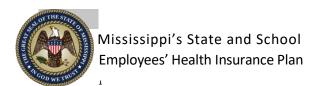


## Prior Authorization Request Form - Confidential

**Instructions:** Please complete this form in its entirety. Fax the completed form to Acentra at 833505-1992 or request a prior authorization (PA) by contacting Acentra's Customer Service Department at 888-801-1910. Registered users may also request a PA through Acentra's online provider portal at <a href="https://portal.kepro.com/">https://portal.kepro.com/</a>.

Request Type (Select One)							
□ Concurrent □ Prior Authorization	<ul> <li>Retrospective</li> </ul>						
Date of Request:							
Provider Information							
Requesting/Ordering/Referring Provider Name:  Requesting Provider NPI:  Servicing Provider NPI:  Contact Person Name:  Contact Person Phone Number:  Fax:							
Participant Information							
FirstName:  LastName:  Participant ID:  Date of Birth:							
<b>Service Type</b> Select either Outpatient or Inpatient and the applicable service type below; Inpatient must include Length of Stay (LOS) start and end dates							
□ Outpatient	□ Inpatient						
Select applicable service type below Enter LOS and select applicable service t							
<b>Reminder:</b> Procedure codes <u>must</u> be provided on Page 2 for Outpatient procedures	LOS Start Date:						
<ul> <li>Home Health</li> <li>Home IV Therapy</li> <li>Hospice</li> <li>Outpatient Surgery (<i>Bariatric Surgery Only</i>)</li> </ul>	<ul> <li>Hospice</li> <li>Inpatient Surgery</li> <li>Inpatient Hospital</li> <li>Inpatient Rehab</li> <li>LTAC</li> <li>Residential Treatment Facility</li> <li>Skilled Nursing</li> <li>Transplant</li> </ul>						

Fax: 833-505-1992 | Phone: 888-801-1910





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**Diagnosis** 1□ ✓ Mark Primary Diagnosis, use additional pages as

Primary	Diagnosis Code	Primary	Diagnosis Code

**Services Requested** *Use additional pages as necessary* 

Modifier	Procedure Code	Requested Start Date	Requested End Date	Requested Quantity

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