ProCare Rx

JAI MEDICAL SYSTEMS

# Jai Medical Systems Managed Care Organization, Inc.
# Prior Authorization REQUEST FORM

**Fax Completed form to: ProCare Rx at 1-866-999-7736 or 1-800-583-6010**
**QUESTIONS? Please call the 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 time frame may seriously jeopardize the member's life, health, or ability to regain maximum function. Please provide explanation if box is checked.)

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

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

**Physician:** _____ **Contact Person at office:** _____

**Phone Number:** _____ **Fax Number:** _____

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

**Quantity:** _____ **Days Supply:** _____

**Relevant Diagnosis:** _____ **ICD Code:** _____

**Is this Therapy NEW** ☐ **or a CONTINUATION OF THERAPY** ☐ **Start date:** _____

**Previous Medication History:**

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

**Rationale for Request**

_____

_____

_____

_____

**Physician's Signature:**_____**Date:**____/____/____

**In order to expedite processing please include accurate contact information and signature.**
**Please also submit lab reports with requests when appropriate, e.g., Culture and Sensitivity; Hemoglobin 4C; Serum Creatinine; CD4; Hematocrit; WBC; etc.**

*Revised 06/2021*