ProCare Rx

JAI MEDICAL SYSTEMS

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

Fax Completed form to: ProCare Rx at 1-800-583-6010

QUESTIONS? Please call thePharmacy Services Department at 1-800-555-8513

☐ ***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.)

☐ ***Standard*** (Standard review timeframe is 2 business days for complete requests.)

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 lab reports with requests when appropriate, e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC; etc.

Revised 04/2016