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.
For any 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 timeframe may seriously jeopardize the member's life, health, or ability to regain maximum function. Please provide an explanation if the 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**

☐ Please check box if you are requesting an exception to the 14 day opioid quantity limit due to ongoing therapy.

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 A1c; Serum Creatinine; CD4; Hematocrit; WBC; etc.

Revised 09/2021