HealthHelp Prior Authorization Fax Form for CareOregon

Please fax to HealthHelp: **877-397-1258**

Member Information		
Member ID	Member Name	Member DOB
Date of Service		
DOS		
Is the patient already scheduled?		☐No☐Yes
Is this an expedited case? (this should be rare)		☐No☐Yes
Ordering Provider		
Individual NPI	Ordering Provider Name	
Ordering Provider Practice		
Practice Name		Phone
Street Address		Tax ID
City	State	Zip Code
Fax Number (for confirmation or requests for additional information)		
Procedure Code(s) Requested		
Diagnosis		
Diagnosis Code		(only 1 primary Dx code is needed)
Rendering Facility		
Facility Name		NPI
Street Address		Tax ID
City	State	Zip Code
Requestor / Contact Information		
Name	Direct Phone	Fax
Attach clinicals with this request. If you are sending clinicals separately, please include member and contact details and fax to: 877-397-1258		
Additional Comments		