

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities  
Health Care Services

**PRIOR AUTHORIZATION**

FAX TO: (602) 253-9083

**TO BE COMPLETED BY PROVIDER**

MEMBER'S NAME *(Last, First, M.I.)* \_\_\_\_\_ AHCCCS ID NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE \_\_\_\_\_

DIAGNOSIS:          Cerebral Palsy                  Autism                  Cognitive/Intellectual Disability                  Epilepsy  
Additional Diagnosis *(Specify)*: \_\_\_\_\_

DIAGNOSIS CODE(S): \_\_\_\_\_

SUPPORT COORDINATOR'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PROVIDER/FACILITY NAME \_\_\_\_\_

PROVIDER REPRESENTATIVE NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

VENDOR ADDRESS *(No., Street, City, State, ZIP Code)* \_\_\_\_\_

PROVIDER NPI \_\_\_\_\_ DATE OF SERVICE: From: \_\_\_\_\_ Thru: \_\_\_\_\_

| SERVICE CODE | MODIFIER CODE | DESCRIPTION/REASON | SCRIPT DATE | UNIT(S)/MONTH | UNIT(S)/YEAR | CHECK IF ONE TIME PURCHASE |
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**TO BE COMPLETED BY PRIOR AUTHORIZATION UNIT**

DATE PACKET RECEIVED BY HEALTH CARE SERVICES \_\_\_\_\_ APPROVED Yes – Authorization Number: \_\_\_\_\_  
No *(incomplete form, non covered service, not medically necessary, Other see comments)*

APPROVED BY *(Please Print)* \_\_\_\_\_ APPROVED BY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.