

Arizona Department of Economic Security  
Refugee Resettlement Program  
Refugee Medical Assistance Program (RMA)  
**Request for Prior Authorization**  
Telephone (602) 542-6644

Member Name: \_\_\_\_\_ RMA ID#: \_\_\_\_\_  
Servicing Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Tax ID#: \_\_\_\_\_ NPI#: \_\_\_\_\_

All documentation to support medical/dental necessity **must** be submitted with this form. Allow three (3) working days for processing. To insure payment of claim for the requested service(s) a **Prior Authorization Number** must be issued; upon approval of the request the PA will be faxed to the provider listed above. **\*\* All fields on this form must be filled out in completion.**

Procedure Code:       .   Estimated Cost of Service: \$ \_\_\_\_\_  
CPT Description: \_\_\_\_\_

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CPT Description: \_\_\_\_\_

1 - Diagnosis Code:     .   Description: \_\_\_\_\_  
3 - Diagnosis Code:     .   Description: \_\_\_\_\_

2 - Diagnosis Code:     .   Description: \_\_\_\_\_  
4 - Diagnosis Code:     .   Description: \_\_\_\_\_

**Authorization is requested for the following services (check all that apply):**

- |   |                               |
|---|-------------------------------|
| Physician's Services                                      | Dental Services               |
| Podiatrist Services                                       | Home Health Services          |
| Eye Care Services   | Medical Supplies or Equipment |
| Inpatient Hospital Services (date of scheduled admission) | Transportation Services       |
| Outpatient Services                                       | Laboratory / Imaging          |
| Skilled Nursing Facility Services                         | Other (specify)               |

**For RMA Use Only**

Request Approved as Submitted (see attached approval)  
Request Approved with the Following Modifications: \_\_\_\_\_  
Request Denied for the Following Reason(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_