



**OKLAHOMA**  
Health Care Authority

**OUT-OF-STATE PRIOR AUTHORIZATION REQUEST**

<b>Member Name:</b>				<b>Male</b>	<input type="checkbox"/>	<b>Female</b>	<input type="checkbox"/>
<b>Date of Birth:</b>		<b>RID:</b>					
<b>Address:</b>							
<b>Parent/Caregiver:</b>							
<b>Contact Number:</b>				<b>Fax Number:</b>			
<b>Referring PCP or Specialist:</b>				<b>NPI or Provider ID#:</b>			
<b>Referring Provider Contact:</b>				<b>Contact Number:</b>			
<b>Active Diagnosis/Diagnoses Related to Request:</b>							
<b>Services Being Requested:</b>							
<b>Are these services emergent or urgent based on clinical conditions? If yes, why?</b>							
<b>Date of Service:</b>							
<input type="checkbox"/>	<b>Outpatient</b>	<input type="checkbox"/>	<b>Inpatient</b>	<b>Length of Stay (Inpatient):</b>			
<b>Is transportation needed?</b>		<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<b>If yes, what type?</b>	

<b>Accepting Provider/Facility:</b>				<b>NPI or Provider ID#:</b>			
<b>Address:</b>				<b>Phone Number:</b>			
<b>Fax Number for Accepting Provider/Facility:</b>							
<b>FOR OHCA USE ONLY</b>		<i>Non-Contracted</i>				<i>Willing to Contract</i>	

<b>Accepting Provider/Facility:</b>				<b>NPI or Provider ID#:</b>			
<b>Address:</b>				<b>Phone Number:</b>			
<b>Fax Number for Accepting Provider/Facility:</b>							
<b>FOR OHCA USE ONLY</b>		<i>Non-Contracted</i>				<i>Willing to Contract</i>	

**Please attach the following:**

- Documentation to establish the medical necessity of services requested, such as medical records.
- Letter of medical necessity or other thorough summary document that includes:
  - Summary of the member’s condition and history of treatment related to request.
  - History of other providers who have evaluated, treated or consulted member related to request.
  - Recommended treatment or further diagnostic needed.
  - Why medical care cannot be completed in Oklahoma or the next closest location.

**Fax this form to:** OHCA - Population Care Management Division. Fax: 405-213-1145

<b>Date Received by OHCA:</b>							
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**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

oklahoma.gov/OHCA  
mysoonerare.org



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767