



Medical Authorization Unit Prior Authorization Amendment Form

Amendments can only be done on an Approved Prior Authorization.
Amendments MUST be received within 6 months from the date of service

PA#: _____ Member RID: _____

Member Name: _____

Type of Change:

- Member RID Change –
Members NEW RID _____
- Date Change
- Code Change
- Remove Servicing Provider
- Provider Number Change –
NEW Provider Number _____
- Unit Change
- Additional Line Item Needed
- Modifier(s) –
____ Add or ____ Remove

PAs allow up to 12 line items. Please indicate below how the specific line item you need to change/add should read.

Please note: if a claim has paid off of the specific line item you need to amend the paid claim will have to be voided prior to the line item being changed.

LINE	AUTHORIZED FROM DATE	AUTHORIZED TO DATE	CODE	MODIFIER	MODIFIER	MODIFIER	MODIFIER	UNITS
Line A								
Line B								
Line C								
Line D								
Line E								
Line F								
Line G								
Line H								
Line I								
Line J								
Line K								
Line L								



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