



Prior Authorization Request Form – Confidential

Instructions: Please complete this form in its entirety. Fax the completed form to Kepro at 833-505-1992 or request a prior authorization (PA) by contacting Kepro's Customer Service Department at 888-801-1910. Registered users may also request a PA through Kepro's online provider portal at <https://portal.kepro.com/>.

Request Type (Select One)

- Concurrent Prior Authorization Retrospective

Date of Request: _____

Provider Information	
Requesting/Ordering/Referring Provider Name: _____	
Requesting Provider NPI: _____	
Servicing Provider Name: _____	
Servicing Provider NPI: _____	
Contact Person Name: _____	
Contact Person Phone Number: _____ Fax: _____	
Participant Information	
First Name: _____	
Last Name: _____	
Participant ID: _____	
Date of Birth: _____	
Service Type <i>Select either Outpatient or Inpatient and the applicable service type below; Inpatient must include Length of Stay (LOS) start and end dates</i>	
<input type="checkbox"/> Outpatient <i>Select applicable service type below</i> Reminder: Procedure codes <u>must</u> be provided on Page 2 for Outpatient procedures	<input type="checkbox"/> Inpatient <i>Enter LOS and select applicable service type below</i> LOS Start Date: _____ LOS End Date: _____
<input type="checkbox"/> Home Health <input type="checkbox"/> Home IV Therapy <input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient Surgery (<i>Bariatric Surgery Only</i>)	<input type="checkbox"/> Hospice <input type="checkbox"/> Inpatient Surgery <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Inpatient Rehab <input type="checkbox"/> LTAC <input type="checkbox"/> Residential Treatment Facility <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transplant



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Diagnosis <input type="checkbox"/> <i>Mark Primary Diagnosis, use additional pages as necessary</i>				
Primary	Diagnosis Code	Primary	Diagnosis Code	
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
Services Requested <i>Use additional pages as necessary</i>				
Modifier	Procedure Code	Requested Start Date	Requested End Date	Requested Quantity
Additional Comments or Information				