

**IMPORTANT INFORMATION:** Pre-authorization is for medically necessary services only and is not a guarantee of benefits. Payment is based on eligibility status and available benefits at the time service is rendered and is subject to all contractual exclusions and limitations, including pre-existing conditions if applicable. Reimbursement is based on the method in which care is accessed. The member may have financial responsibility for services provided. Benefits may be verified by calling Customer Service at 800.235.7111 or 501.228.7111.

Pre-authorization for certain procedures/medications may require specific written documentation. Please check the applicable medical policy for required documentation in our Medical Policies section at [qualchoice.com](http://qualchoice.com).

**PLEASE CHECK ONE:**     INPATIENT REQUEST     OUTPATIENT REQUEST

**PLEASE PRINT**

<b>SECTION I: MEMBER INFORMATION</b>	
MEMBER'S NAME	
DATE OF BIRTH	QUALCHOICE ID NUMBER
<b>SECTION II: MEDICAL INFORMATION</b>	
DATE OF SURGERY	
PHYSICIAN NAME	
NAME OF FACILITY	
DIAGNOSES CODE	PROCEDURE CODE
<b>SECTION III: REQUESTOR INFORMATION</b>	
NAME OF INDIVIDUAL SUBMITTING REQUEST	
PHONE NUMBER	FAX NUMBER
<b>SECTION IV: CLINICAL INFORMATION</b>	
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<b>SECTION V: INSTRUCTIONS</b>	
PLEASE FAX OR MAIL COMPLETED FORM TO:	
<b>QualChoice</b> Quality and Care Management Department 12615 Chenal Pkwy., Ste. 300 Little Rock, AR 72211 <b>Fax: 501.228.9413 or 800.228.9413</b>	
<b>INTERNAL USE ONLY</b>	
AUTHORIZATION NUMBER	LOS: