First Choice Health®

Medical Management
One Union Square
600 University Street, Suite 1400
Seattle, WA 98101
(800) 808-0450
Fax: (833) 227-4256
www.fchn.com

Prior Authorization Request Form

Please include supporting clinical documentation with your request. Submissions without clinical documentation will be considered incomplete. Submit completed forms via fax at (833) 227-4256. Questions? Contact FCH Medical Management at (800) 808-0450 or preauthorization@fchn.com.

Expedited Requests: For expedited processing, please submit your Prior Authorization Request online at www.fchn.com/TPAProviders.

Please note: Prior authorization is not a guarantee of payment; payment is subject to member eligibility and benefits at the time of service.

1. MEMBER/PATIENT INFORMATION			
First Name	Last Name	Middle Name	Date of Birth
Member ID	Group ID	Group Name	

2. PROVIDER INFORMATION		
Referring Provider Name	Address	
NPI	Specialty	
Office Contact Name	Phone Number	Fax Number
Servicing Provider Name	Address	
NPI	Phone Number	Fax Number
Specialty		
Facility Name	Facility Address	
Tax ID	Phone Number	Fax Number

3. SERVICE REQUESTED		
Inpatient Outpatient	Clinical Urgency: Standard Urgent Emergent Inpatient Admission	
Primary Diagnosis		
Code	Description	Date of Service
Services Requested		
Code Description	Code Description	Code Description
Number of Units/Visits/Days/Hours/Minutes		Duration