

**Presbyterian Salud!
Oral Nutritional Supplements Prior Authorization Request Form**

Patient Name: _____ SS #: _____

Date of Birth: _____ ID # _____

Oral Supplement Requested: _____

Length of Treatment: _____ Quantity Taken per Day: _____

Patient must have an organic or physiological cause that prevents adequate caloric intake.

Dietary/ Nutritional consult must be submitted with request demonstrating medical necessity and ADA caloric requirements

Quantity limits apply: The amount authorized at any given time will relate to the ADA intake for a 24-hr. period to sustain life.

Please **provide chart notes for all requests** regarding member's condition and the medical necessity for request.

DIAGNOSIS (related to necessity for supplement) _____

What is the current height and weight?

HT: _____ WT: _____

What was the past height and weight? HT: _____ WT: _____ Date _____

Recorded? _____

Is the patient institutionalized? _____ If so, where? _____

At what date will the patient be re-evaluated? _____

Print Physician Name: _____ Phone #: _____

Physician Specialty: _____ Date: _____

Physician Signature: _____ Fax #: _____

****Phone and fax # REQUIRED****

ALL OF THE ABOVE INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS THE REQUEST.

Fax completed form to: Presbyterian Salud Pharmacy Department
1-800-724-6953 or 505-923-5540



Please call 1-505-923-5757 or 1-888-923-5757 if you have any questions.

FOR PRESBYTERIAN SALUD USE ONLY

Approved: _____ Denied: _____ PA

#: _____

Reviewed by: _____ Date: _____

Medical Director: _____ Date: _____

Comments:

CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure of failure to maintain confidentiality could subject you to penalties described in federal and state law.