



ProAct use only:	
<input type="checkbox"/>	APPROVED, through _____
<input type="checkbox"/>	DENIED

1230 US Highway 11
 Gouverneur, NY 13642
 Phone: (315) 287-3652
 Fax: (315) 287-7864

For members receiving specialty medications please consider Noble Health Services, a full-service specialty pharmacy, located in Syracuse, NY. Noble Health Services may be contacted by phone (1-888-843-2040) or fax (1-888-842-3977) and also accepts prescriptions sent electronically.
Regardless of medication type, this form should be faxed to ProAct at (315) 287-7864.

Prior Authorization Request Form
 (Form will be faxed back when decision has been made)

Member / Patient Information

Name:	Date of Birth:
ID#:	Group: Member Phone:

Physician / Prescriber Information

Name:	Phone:	Fax:
Contact Person:	NPI:	

Medication Information

Medication Requested:	Strength:	
Quantity:	Day(s) Supply:	Directions:
Diagnosis (No codes please):		
Please Choose One: <input type="checkbox"/> New Therapy <input type="checkbox"/> Continuation Therapy If so, date of first use:		
Please indicate other medications used/tried for this condition and results:		

Documentation Section

Please provide the following:

- **All detailed patient notes from physician visit pertaining to the diagnosis**
- **Labs, test reports, etc. (if applicable)**
- **Any other information relevant to the prior authorization**

Failure to provide the above, if pertinent, will result in delay in the review process.

First Attempt

Second Attempt

**Third Attempt
Patient Notified**

This message is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited.