



An Anthem Company

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CONTAINS CONFIDENTIAL PATIENT INFORMATION
Blood Glucose Test Strips Quantity Supply
Prior Authorization of Benefits (PAB) Form Complete
form in its entirety and fax to:
Prior Authorization of Benefits Center at 1-844-474-3341

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Form with fields for Patient Name, ID #, DOB, Date of Rx, Patient Phone #, Patient Email Address, Prescribing Physician, Physician Address, Physician Phone #, Physician Fax #, Physician Specialty, Physician DEA, Physician NPI #, and Physician Email Address.

3. MEDICATION

4. STRENGTH

5. DIRECTIONS

6. QUANTITY PER 30 DAYS

Form with four columns for Medication, Strength, Directions, and Quantity Per 30 Days, with a 'Specify:' field.

7. DIAGNOSIS: _____

8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Form with approval criteria checkboxes for 150, 200, and greater than 50 test strips per 30 days, and patient characteristics like insulin use, gestational diabetes, and age.

9. PHYSICIAN SIGNATURE

Form with lines for Prescriber or Authorized Signature and Date.

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient. Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

The document(s) accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation.

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