



Prior Authorization Initiation Form

Complete and fax to: Hospitality Rx (877) 245-0875 or call (844) 484-4726

1: Member Information

Last name	First name	Date of birth (month-day-year)	Member ID
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2: Physician Information

Physician Name	NPI #	Phone #	Fax #
Action Needed <input type="checkbox"/> Urgent <input type="checkbox"/> For review <i>Only mark urgent if patient's life or health is in jeopardy or patient is in severe pain.</i>	Pharmacy Contact Name	Pharmacy Phone #	Pharmacy Fax #

3: Drug Information

Drug name	Quantity	ICD-10	Duration of therapy
Directions			
Diagnosis			

4: Physician Signature

Signature	Date
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