

## Pharmacy Administration - Prior Authorization / Exception Form

CoOportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

Prescriber: Please complete Patient, Provider and Requested Therapy sections.

For questions please call HealthPartners at 800-492-7259. Incomplete submissions will be returned and may delay review.

## FAX to 1-888-883-5434

FAX 10 1-888-883-5434						
ıt	Last Name	First		MI		
Patient	Date of Birth		Insurance ID #			
	Patient Address					
Provider	Today's Date		Clinic Name			
	Provider Name (FIRST and LAST)		Clinic Address			
	Specialty		Telephone #	Telephone #		
	Contact Person		Fax #			
	Federal Tax ID (only needed for medications given in-clinic)		Recommended by Co Name	nsultant? Yes No Specialty		
Requested Therapy	Drug Requested	Requesting "DAW" Y N	Dose Schedule	Duration o	f Therapy Desired	
	Diagnosis/Clinical Information  Previous Therapies & Outcomes					
CoOportunityHealth Preferred Drug List (Formulary), Prior Approval and Medical Coverage Criteria are available at <a href="www.coOportunityHealth.com">www.coOportunityHealth.com</a>						
HealthPartners Review Determination						
APPROVED DENIED Per Medical Director						
Note from HealthPartners						

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