



+ EDMS COVERSHEET +

Requestor Information:

Name: _____

Date: _____

Phone: _____

No. of Pages: _____

(Including this coversheet)

Document Type:

- Provider Enrollment
- Correspondence
- Supporting Documentation for Claim
- Prior Authorization
 - Routine Processing
 - Urgent Processing
 - Immediate Processing

} *Additional supporting documentation & justification is required for this level of processing.*

Justification: _____

DMAP Services

Criteria for PA's is found on the DHS Web site. Go to the following address and select the appropriate program rules:

<http://www.dhs.state.or.us/policy/healthplan/guides/main.html>

If your PA request does not support expedited processing, it will receive routine processing. DHS will inform the provider for requests (meeting expedited criteria) with missing information, within the expedited time frame.

Index Field & Values (if applicable):

Application Tracking Number: _____

Provider ID: _____

Recipient ID: _____

Prior Authorization Number: _____

ICN: _____

DHS Use Only:

Contact tracking Number: _____

Include question number and notes number, as applicable, in separate boxes.

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