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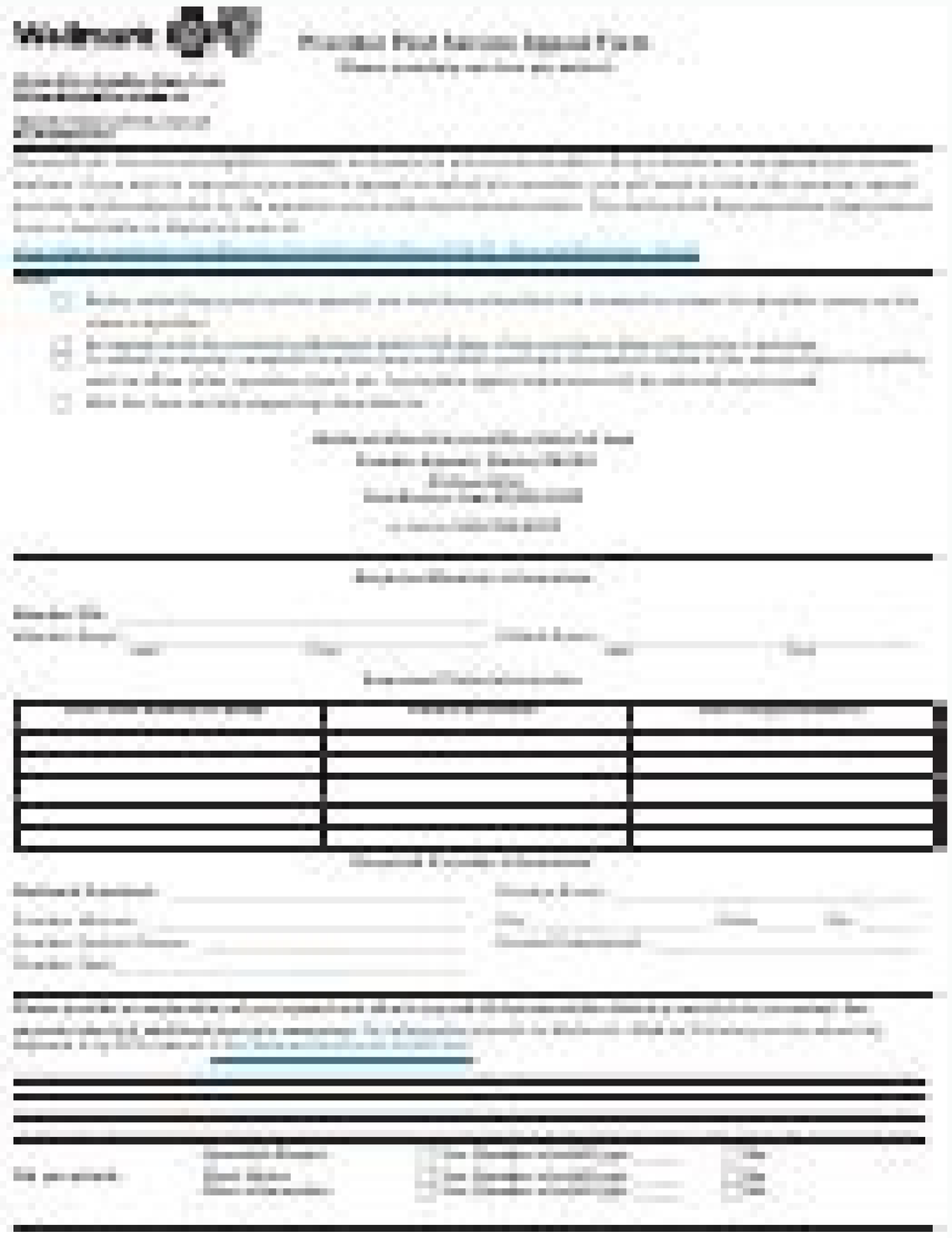
reCAPTCHA
Next

Bcbs of az prior authorization form



BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

PAYROLL DEDUCTION AUTHORIZATION
BLUE CROSS BLUE SHIELD OF ARIZONA
401(k) SAVINGS PLAN

I authorize my employer, Blue Cross Blue Shield of Arizona, Inc. (BCBSAZ), to withhold from my wages those eligible amounts I elect to defer for participation in BCBSAZ's 401(k) Savings Plan (the Plan). I understand that deferral elections must be made in accordance with all applicable Plan requirements. I understand that all withholdings will be subject to all applicable Plan requirements including deferrals and changes I elect to make by telephone, the Internet, or other electronic communications, in accordance with the Plan's procedures.

_____
Employee Name (please print)

_____
Employee Signature

_____
Social Security Number

_____
Date

RETURN THIS COMPLETED FORM TO HUMAN RESOURCES (MAIL STOP C105)

Post Office Box 13466 • Phoenix, AZ 85002-3466
3444 West Las Palmaritas Drive • Phoenix, AZ 85021-4893 • (602) 864-4480

J-129 DES2 (3-2006)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES) USER AFFIRMATION STATEMENT

Page 1

Prior to receiving initial system access, DES employees, or contractors that use DES equipment or a DES network, or are housed in a DES office will read, sign, and send in this J129 User Affirmation Statement to their respective security contact. Also within 21 days each user will complete the DEBA/005 Initial Training CBT or its equivalent training, please keep a copy of your course completion certificate (contact your security representative for more information on how to complete the AzGU 3IY4BS CBT). Each user will also read the security documents referenced in this document, which are available in hard copy form or via the DES intranet, within 21 days of being granted system access.

On an annual basis, each DES user is required to complete the Recertification Security Awareness training CBT (DEBA1001). After completing the recertification CBT, this "User Affirmation Statement" will appear for the user to read. After reading this form, the user will affirm to the DES requirements by clicking the appropriate button. Confirmation of electronically accepting this document will be automatically saved. WHEN ASKED TO DO SO, the user will print out this affirmation statement, read the document, sign the document and mail the signed document to the respective division or program data security office.

I understand that all personnel who have access to DES data are bound by applicable federal and state laws and DES policies and are responsible for DES data. I agree to abide by all applicable federal and state laws and DES policies.

- I will protect all data, in any format (e.g. electronic, paper, etc.), while in my possession or use, to the best of my abilities.
- I will ensure that if it is necessary and allowed, that data will be destroyed by complying with all applicable laws, statutes, policies, and directives.
- In relation to my responsibilities regarding the proprietary rights of the authors of computer software utilized or provided by DES, I recognize that DES pays to license the use of computer software and does not own this software or its related documentation and, unless authorized by the software developer and DES IT management, does not have the right to reproduce it. I must use software in accordance with the license agreement, including not making unauthorized copies. I must report knowledge of any misuse of software or related documentation protected under copyright laws to my manager/supervisor, the Division or Program Security Analyst, or the Information Security Administration.
- When necessary to use another organization's information system, I agree to adhere to that organization's policies and procedures.

Some, but not all, prohibited actions are listed below:

1. Revealing DES data to any person or persons outside or within the Department of Economic Security who have not been specifically authorized to receive such data.
2. Attempting or achieving access to DES data not related to my job duties.
3. Entering, altering or erasing DES data for direct OR indirect personal gain or advantage.
4. Entering, altering or erasing DES data maliciously or in retribution for real or imagined abuse, for personal amusement or any other unauthorized or improper use.
5. Using DES terminals, printers and other equipment for other than work related or DES approved acceptable uses.
6. Using another person's personal DES logon ids, user ids or passwords.
7. Revealing my personal DES logon ids, user ids or passwords to another person.
8. Asking another user to reveal his/her personal DES logon ids, user ids or passwords.

Reference Material: NOTE: If you wish to obtain additional information on security literature, the Information Security Administration has available a booklet that contains a summary of the Computer Security Act 1987, a summary of the HIPAA Privacy Rule, a summary of applicable DES Policies, and the complete statutes ARS 41-1959 Confidential Information, ARS 38-448 access to internet pornography prohibited and ARS 13-2316 Computer Tampering. This Booklet is available on the DES Intranet and can be obtained from the DES Information Security Administration (ISA) at 602-254-2779 and all DES Division and Program Data Security Offices.

A violation of these requirements or any misuse of DES property including computer programs, equipment, and data, may result in withdrawal of individual access privileges and prosecution in accordance with any applicable provision of law including ARS 13-2316.

My signature below confirms that I have read this User Affirmation Statement and accept responsibility for adhering to all applicable laws, DES policies and the affirmations listed in this document.

SIGNATURE NOT REQUIRED unless asked to do so - Please Fill in Your NAME, PHONE NUMBER, DES LOGONID, EIN, DATE and ORGANIZATION NAME

EMPLOYEE'S LEGAL NAME (Print or typed)	PHONE NO. ( )	LOGONID
EMPLOYEE'S SIGNATURE		DATE
EMPLOYEE IDENTIFICATION NUMBER (EIN)		
ORGANIZATION NAME - INCLUDE DEPARTMENT DIVISION		

Routing: SAVED ON ISA SERVER

Equal Opportunity Employer/Program

This document is available in alternative formats by contacting 602-254-2779

NAVITUS HEALTH SOLUTIONS

Navitus Health Solutions
PO BOX 999
Appleton, WI 54912-0999
Customer Care: 1-866-333-2757

Fax: 1-855-668-8551

Exception to Coverage Request

Complete Legibly to Expedite Processing

COMPLETE REQUIRED CRITERIA AND FAX TO: NAVITUS HEALTH SOLUTIONS **855-668-8551**

Date:		**Prescriber Name:**	
Patient Name:Prescriber NPI:			
Unique ID:Prescriber Phone:			
Date of Birth:		**Prescriber Fax:**	

REQUEST TYPE: ☐ Quantity Limit Increase [1] ☐ Gender-Specific[2] ☐ High Dose [3] ☐ New Drug[4] ☐ N!t Covered [5]

[1] **Quantity Limit Increase:** Dose prescribed exceeds allowed quantity limits. Indicate diagnosis/clinical rationale why the covered quantity and/or dosingareinsufficient. See formularies at

[2] **Gender-Specific Medications:**Indicate diagnosis/ clinical rationale for use.

[3] **High Dose Alert:** Dose prescribed is flagged as >2.5 times the recommended maximum daily dose. Please provide monitoring criteria and/or clinical rationale for use of high dose.

[4] **New Drugs:** Drug prescribed has not yet beenreviewed by P&TCommittee. For coverage consideration, all covered alternatives must be tried and failed or

[5] **N!t Covered Drugs:** All formulary alternatives must be tried and failed or alternatives table.

REQUESTED DRUG INFORMATION		INDICATION / REASON FOR USE/ CLINICAL RATIONALE
DRUG*		
STRENGTH		
FREQUENCY		
QUANTITY		

* If the drug requested is **BRAND** with an **A-RATED GENERIC,** an FDA MedWatch Form **must** be submitted. Access the form at and attach a completed copy to request.

Formulary Alternative(s)	Max Dose Used	Dosing Frequency	Use Start-End Dates	Describe Specific and Significant Side Effects and/or Ineffectiveness

** If complex medical management exists, supply supporting documentation with this request.

If Approved, Coverage is Granted for One Year

Prescriber Signature: ______________________________ Date: ______________

Bcbs of az advantage prior authorization form. Bcbs of az prior authorization form for medication. Bcbsm medicare advantage prior authorization form.

Blue Cross194; Â® Blue Shieldec194; Û of Arizona (BCBSAZ) is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. The insertion in the BCBSAZ plans depends on the renewal of the contract. Member services can be reached at 480-937-0409 (in Arizona) or to our toll-free phone number at 1-800-446-8331 (TTY users should call 711). The hours are 8 to 8 m at 8 p.m., from Monday to Friday from April 1 to September 30; and 7 days a week from October 1 to March 31. Member services also have free language interpreter services available for non-English Blue Cross Blue Shield of Arizona (BCBSAZ) speakers of federal laws base base, color, national origin, ages, disabilities or sex. We provide free help and services to people with disabilities to communicate with us effectively, such as qualified interpreters and written information in other formats such as large printing and accessible electronic formats. We also provide free linguistic services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call 1-800-446-8331 (TTY: 711). Spanish: ATENCIÃƒ N: Habla Espaa195; 177ol, holds on Devices195; Â³N Servicios Gratuitos de Asistencia Ling195; ý þ £ Stica. Llame at 1-800-446-8331 (TTY: 711). Navajo: Dá| ¥ 173; Þ £ Â 173; Â 19555; â ± £ âââââãÄ ± â â âÂ 19555565; 191919191919191919195; Äžµ ;;; 19191919555555553 ;;;; 17; 19; 195; 173; DaÃ ¢ 128; Â½ Â ™ Ãž à 'à' Ä ", Â ° 173; 16555; 173; â â½ž; 121212126 ;; 1212121266663 ;;;; 172; H195; Â³195; Â³ãâ-, Kojþ £ â â- H19; Â³â¯ÃƒÂÃƒÂÂÂÂÂÂÂÂÂÂÂÂÂÂ; Lnih 1-800-446-8331 (TTY: 711). Þ~ © Blue Cross Blue Shield of Arizona. An independent licensee of the Blue Cross Association and Blue Shield Last Update: November 30, 2021 providers for members who have drug coverage prescribed through Independence Blue Cross (Independence Blue prior authorization is required for certain medications formulated prescribed to be covered by such drugs. The approval criteria have been developed and approved by the Pharmacy and Therapeuticsand rely on information from the U.S. Food and Drug Administration, manufacturers, medical literature, actively practicing medical consultants, and appropriate outside organizations. The application form must be completed for all medicinal products requiring prior authorisation. Priority authorization requests are reviewed by FutureScripts®, our independent pharmacy manager, on behalf of Independence. Send by fax using the forms published on the FutureScripts website. Request Instructions Form When filling out a pre-authorization form, make sure you provide all the required information. Fax completed forms to FutureScripts at 1-888-671-5285 for review. Make sure to include your office phone and fax numbers. You will be notified by fax if the request is approved. If the request is denied, you and your patient will receive a letter of refusal. If you have not received a response within two business days of submitting the completed form, please call FutureScripts at 1-888-678-7012. Members Take the appropriate application form to the doctor for completion. You or your doctor should send the completed form to FutureScripts at 1-888-671-5285 for review. If you have not received a response after two working days since the completed form was submitted, please contact the doctor who requested your prior authorisation. As with all our pre-approval requirements, the pre-approval form must be completed in full to avoid delays. If you have questions about the pre-approval process, call 1-800-ASK-BLUE. Please refer to the drug forms page for more information on the different formulations offered by Independence. Blue Cross® Blue Shield® of Arizona is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Membership in Blue Blue Shield® of Arizona plans depends on contract renewal. Information on drug prices on this website is intended as an educational tool and is not a promise as at the price we give us offer in the future. Some information on this website is available free of charge in another language. Please call our customer service at number 1-833-229-3593, TTY users call 711, from 8:00 to 20, every day, local time. Blue Cross Blue Shield of Arizona (BCBSAZ) respects federal laws on civil rights and does not discriminate against by race, skin color, national origin, age, disability or sex. We provide free help and services to people with disabilities to communicate with us effectively, as qualified interpreters and information written in other formats, such as large printed and accessible electronic formats. We also provide free language services to people whose primary language is not English, as qualified interpreters and written information in other languages. If you need these services please call number 1-833-229-3593 (TTY: 711). Spanish: ATTENTION: If you speak Spanish, you have a free language support service at your disposal. Call 1-833-229-3593 (TTY: 711). Navajo: ¤ © 2020 Blue Cross Blue Shield of Arizona. Independent Blue Cross and Blue Shield Association. All rights reserved. Reserved. Step Therapy Program Criteria Summary and Fax Form List ; If you have questions or concerns regarding these programs, please call Prime Therapeutics at 800-289-1525. Review the prior authorization/step therapy program overview list to help you determine which prior authorization form is used for the medication being prescribed. I authorize the laboratory to provide my health plan with the information on this form and other information provided by my health care provider if necessary for reimbursement. I understand that the laboratory may seek prior authorization for testing from my health plan on my behalf. I also authorize all benefits from the plan to be payable ... Check Prior Authorization Status As part of our continued effort to provide a high quality user experience while also ensuring the integrity of the information of those that we service is protected, we will be implementing changes to evicore.com in the near future. Prior authorization approval decisions are based on information provided during the request process. To complete a prior authorization, medical records might be required. Although prior authorization may not be required for a particular service, the claim for the service may still be subject to review for medical necessity, as well as benefits ... Prior Authorization Submission. Prior authorization submitted via email and/or fax number provided on the corresponding form. Inpatient Notification Submission: Fill out the Inpatient Notification Form on Medica.com Inpatient Admission – Notification Guidelines: Clinical Guidelines . Policies and Guidelines on Medica.com. Provider Service ... Check Prior Authorization Status As part of our continued effort to provide a high quality user experience while also ensuring the integrity of the information of those that we service is protected, we will be implementing changes to evicore.com in the near future. Register for MyBlue. MyBlue offers online tools, resources and services for Blue Cross Blue Shield of Arizona Members, contracted brokers/consultants, healthcare professionals, and group benefit administrators. 24/7 online access to account transactions and other useful resources, help to ensure that your account information is available to you any time of the day or night. Get and Sign Blue Cross Blue Shield of Alabama Prior Authorization Form 2008-2022. Check out how easy it is to complete and eSign documents online using fillable templates and a powerful editor. Get everything done in minutes. Oct 27, 2021 · Blue Cross® Blue Shield® of Arizona (BCBSAZ) is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Enrollment in BCBSAZ plans depends on contract renewal. Member Services can be reached at 480-937-0409 (in Arizona) or at our toll-free phone number at 1-800-446-8331 (TTY users should call 711).

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