



## **Inpatient Prior Authorization Request Form - Confidential**

Prior Authorization FAX: 800-922-3508
Acentra Health Customer Service Phone: 720-689-6340

For Out-of-State (OOS) inpatient or for Transplant PAR requests, complete this form and either upload to the case in Atrezzo or fax to the PAR fax number listed above. Contact Acentra Health customer service at 720-689-6340 with any questions about this process.

New Request Revision – Prior Authorization Number
Cancel – Prior Authorization Number
Date of PAR Request (MMDDYYYY) Admission Date (MMDDYYYY)
Admission Status (select one): Prior Auth Retro Rapid Expedited
Billing Provider name:
Billing Provider NPI/Health First Colorado ID Number:
Requesting/Ordering Provider Name:
Requesting Provider NPI/Health First Colorado ID Number:
Member Last Name: Member First Name:
Member Health First Colorado ID Number: Member DOB:
Does the member have primary insurance? Yes No
Primary Insurance Name:
Does the member reside in a nursing facility? Yes No Setting: Inpatient Service Type:
(Service Types: OOS, Inpatient, Transplant)

Primary Diagnosis Codes and Descriptions:				
Diagnosis Code	Description			

Procedure Code	Narrative	Units	Dates of Service	
	Description	Requested	From (mm/dd/yyyy)	To (mm/dd/yyyy)
Severity of Illi				
Additional Cor	nments:			
Contact Name	:			

**Contact FAX Number:** 

Revised August 2025