

FAX



601 S.W. Second Ave.
Portland, OR 97204
503-228-6554

DATE: _____ **PAGES:** _____

TO: ODS Advantage PPO Prior Authorization Request

COMPANY: ODS - Healthcare Services

FAX: 503-243-5105 **TEL:** 1-800-592-8283

FROM: _____

FAX: _____ **TEL:** _____

RE: _____

Urgent For Review Please Comment Please Reply Please Recycle

MESSAGE: Please complete the following and attach chart notes:

Subscriber Name:

Subscriber ID: Subscriber DOB:

Name of Facility

Date of Service: Length of stay:

Provider Name and NPI:

CPT/ICD-9 codes

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