



PHC PHARMACY SERVICES

Treatment Authorization Request (TAR)

for PHC Medi-Cal Members

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

4665 Business Center Dr.

Fairfield, CA 94534

(707) 863-4414 or (800) 863-4155

(707) 419-7900 FAX

IF NOT TYPED, PLEASE MAKE SURE HANDWRITING IS NEAT & EASY TO READ

PROVIDER NPI: _____

PLEASE ENTER YOUR NAME, ADDRESS, PHONE & FAX

- NAME: _____
- ADDRESS: _____
- PHONE: _____
- FAX: _____

CHECK ALL THAT APPLY:

- MEDICALLY URGENT**
- Continuing Care from another plan (Include records showing fill history)
- EMERGENCY ROOM Rx
- HOSPITAL DISCHARGE Rx
- COMPOUND Rx
- PART D EXCLUDED PER CMS
- MEDICARE B 20% COPAY
- PHC TAR RENEWAL
- eCOB (Copay > \$50; additional form required)
- RETROACTIVE REQUEST** (Include reason for RETRO in Medical Justification section)
SPECIFY RETROACTIVE DATE(S) BELOW:

NAME AND ADDRESS OF PATIENT
PATIENT NAME (LAST, FIRST, M.I.)

IDENTIFICATION NO.

STREET ADDRESS

SEX	AGE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	M M D D Y Y

CITY, STATE, ZIP CODE

<input type="checkbox"/> HOME	<input type="checkbox"/> BOARD & CARE
<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> ACUTE, AWAITING DISCHARGE
<input type="checkbox"/> SNF/LTC, ADMIT DATE:	<input type="text"/>

PHONE NUMBER AREA

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DIAGNOSIS DESCRIPTION (ICD-10 OPTIONAL):

MEDICAL JUSTIFICATION:

PRESCRIPTION INFORMATION

PRODUCT NAME, STRENGTH & DOSAGE FORM

NDC:

DIRECTIONS (HOW MUCH, WHAT ROUTE, HOW OFTEN & FOR HOW LONG):

QUANTITY PER FILL

PRESCRIBER INFORMATION & AUTHOR ATTESTATION

NAME

CIRCLE ONE:

MD DO PA DDS/DMD DPM OD FNP

ADDRESS

DEA or NPI:

PHONE

FAX

SPECIALTY:

To the best of my knowledge, the above information is (1) TRUE, ACCURATE & COMPLETE, and (2) the requested services are medically indicated and necessary to the health of the patient.

Signed: _____

TITLE

DATE

PRINT NAME OF CONTACT PERSON

NOTE: Approval does not guarantee payment. Payment is subject to Eligibility, SOC & Careve-Out status. Start dates are determined by PHC review, unless Retro is specified above. SPH01-MC_01012013TAR