



Jai Medical Systems Managed Care Organization, Inc. Prior Authorization REQUEST FORM

Fax Completed form to: BioScrip 1-800-583-6010.

QUESTIONS? Please call the Pharmacy Services Department at 1-800-555-8513

First	Middle I.	Last
	Date of 1	
	Contact Perso	
Phone Number:	Fax Number	r:
Requested Medication:		Medication Allergies:
Relevant Diagnosis:		ICD Code:
s this Therapy NEW o	r a CONTINUATION OF THERA	APY Start date:
Previous Medication History Drug Strength and Dose	Dates of Therapy	Reason for Discontinuing
Rationale for Request		

In order to expedite processing please include lab reports with requests when appropriate, e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC; etc.