



Medical Authorization Unit

Prior Authorization Amendment Form

******Amendments can only be done on an Approved Prior Authorization******

Amendments MUST be received within 6 months from the date of service***

PA# _____

Member Name _____

Member RID _____

Type of Change

- _____ Remove Servicing Provider
- _____ Provider Number Change
- _____ Member RID Change – Members NEW RID _____
- _____ Date Change
- _____ Unit Change
- _____ Code Change
- _____ Modifier(s) - _____ Add or _____ Remove
- _____ Additional Line Item Needed

PA's allow up to 12 line items. Please indicate below how the specific line item you need to change/add should read. Please note: if a claim has paid off of the specific line item you need to amend the paid claim will have to be voided prior to the line item being changed.

Line	Authorized From Date	Authorized To Date	Code	Modifier	Modifier	Modifier	Modifier	Units
Line A								
Line B								
Line C								
Line D								
Line E								
Line F								
Line G								
Line H								
Line I								
Line J								
Line K								
Line L								