Quartz Align™
Administered by Brighton Health Plan Solutions, LLC

PLEASE ATTACH CLINICAL NOTES WITH HISTORY AND PRIOR TREATMENT

Provider Prior Authorization Request Form

Approved prior authorization payment is contingent upon the eligibility of the member at the time of service. Authorizations are not a guarantee of payment, but are based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Phone: 866-624-6261
Inpatient fax: 888-861-4413
Outpatient fax: 888-861-6403
Appeal requests: 888-915-9408

☐ **ROUTINE*** ☐ **URGENT*** ☐ **TRANSPLANT***

By checking the URGENT box, the treating physician attests that a routine review time frame may seriously jeopardize the life or health of the member or the members' ability to retain maximum function.

☐ **Check here if this request is related to Transition of Care or Continuity of Care.**

* **Indicates Required Field**

MEMBER INFORMATION			
Request Date:		Member ID #*:	
Last Name*:		First Name*:	
Date of Birth*:		Phone #:	
Street Address:	City:	State:	Zip:

☐ **Inpatient*** ☐ **Outpatient***

Place of Service: ☐ Office ☐ Home ☐ Inpatient Hospital ☐ Outpatient Hospital ☐ ASC ☐ SNF
☐ IP Rehab ☐ Infusion Center ☐ Free Standing Radiology Facility ☐ Residential BH Treatment Facility ☐ LTAC

ORDERING/SERVICE PROVIDER INFORMATION			
First Name*:		Last Name*:	
Tax ID*:	NPI*:	Phone #:	Fax #*:
Street Address*:		City*:	State*:	Zip*:

FACILITY INFORMATION			
Facility Name*:			
Tax ID*:	NPI*:	Phone #:	Fax #*:
Street Address*:		City*:	State*:	Zip*:
DX Code (1):	DX Code (2):	DX Code (3):	
Additional Information:			
Start Date of Service (mm/dd/yyyy):		End Date of Service (mm/dd/yyyy):	

CPT/HCPCS

QTY*	CPT/HCPCS*	Description of Service:	U&C Charge

Update to Current Auth #: _____ # of Visits: _____ Requested Extension Date: _____

Work/Auto/Other Insurance: _____

Our Mailing Address:
Quartz Align
c/o Utilization Management Dept
1600 Stewart Avenue, Suite 700
Westbury, NY 11590

REVIEW TIMELINES

INPATIENT		
Type of Review	**Urgency**	**Timeframe**
Concurrent	Emergent	up to 3 days
Prospective	Urgent	72 hours
Prospective	Standard	up to 15 days
Retrospective	Standard	up to 30 days

OUTPATIENT		
Type of Review	**Urgency**	**Timeframe**
Prospective	Urgent	up to 3 days
Prospective	Standard	up to 15 days
Retrospective	Standard	up to 30 days