



San Carlos Apache Healthcare Corporation

Purchase Referred Care Department (PRC)
 Prior Authorization/Emergency Notification

P.O. Box 787 ▪ 103 Medicine Way Road ▪ Peridot, AZ 85542 ▪ (928) 475-1200

Date: _____

Provider Information		Billing Information		
Name:		Provider # or Tax ID:		
Location:		Contact Person:		
		City:	State:	Zip:
Phone:		Fax:		
Patient Information: This must be filled out completely to ensure HIPPA Compliance				
First Name:	Last:	DOB:		
Address:	City:	State:	Zip Code:	
Insurance (Please list all):		Phone Number:		
Requested Service: Please include supporting chart notes, Diagnostic tests & lab values when appropriate.				
Diagnosis and Description:				
Procedure and Description:				
Services Requested: <input type="checkbox"/> Prior Authorization <input type="checkbox"/> Emergency Notification				
Date of Service:				
Discharge Date:				