

Medical Oncology Authorization Request Form

Please fax this completed form with treatment order, progress notes, imaging results, and lab/genetic reports to **866-203-7271**. We recommend all requests be submitted online at: portal.healthhelp.com/meridian

Request Type: Standard Expedited (please call **888-285-0562** to process expedited request)

Important: By checking the expedited box, the requestor certifies that applying standard review time frame may seriously jeopardize the life and health of the member or the member's ability to regain maximum function.

Date of Request:	Treatment Start Date:
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PLEASE PROVIDE BEST CONTACT INFORMATION

Requestor Name:	Direct Phone:	Email:
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PATIENT INFORMATION

Patient Name:

Patient ID:	Patient Date of Birth:
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Patient Email Address:	Patient Cell Phone:
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ORDERING PHYSICIAN

Physician Name:	NPI:
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Ordering Facility Name:	Tax ID:
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Facility Address:

Cell Phone:	Fax:	Email:
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RENDERING FACILITY (Same as ordering physician)

Facility Name:	Tax ID:
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Facility Address:

Phone:	Fax:
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Treatment Location: Physician Office Outpatient Facility Hospital Inpatient Free Standing Facility

CLINICAL INFORMATION

Patient Height:	Patient Weight:
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Cancer Type:	Diagnosis Code (ICD-10):
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Cancer Stage:	Metastasis: <input type="checkbox"/> Yes <input type="checkbox"/> No Met Location:
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Treatment: <input type="checkbox"/> New <input type="checkbox"/> Continuation, Cycle:	Clinical Trial: <input type="checkbox"/> Yes <input type="checkbox"/> No
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TREATMENT REQUEST

Treatment (include code)	Dose	Treatment Frequency	Cycles	Dispense Location
J9060 Cisplatin	50 mg	Day 1, Every 21 Days	4	<input checked="" type="checkbox"/> Treatment Site <input type="checkbox"/> Pharmacy
				<input type="checkbox"/> Treatment Site <input type="checkbox"/> Pharmacy
				<input type="checkbox"/> Treatment Site <input type="checkbox"/> Pharmacy
				<input type="checkbox"/> Treatment Site <input type="checkbox"/> Pharmacy
				<input type="checkbox"/> Treatment Site <input type="checkbox"/> Pharmacy
				<input type="checkbox"/> Treatment Site <input type="checkbox"/> Pharmacy
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