



PATIENT BENEFIT SPECIALIST INFORMATION FORM

SPECIALTY MEDICATION PRIOR AUTHORIZATION REQUEST

For Noble Health Services to assist with most prior authorizations we will need the following patient information:

- Demographics page
- Copy of insurance card
- Any recent clinical notes and labs pertaining to the medication
- Medications the patient was previously treated with for the diagnosis
- For rheumatoid arthritis, Crohn’s Disease, psoriasis and psoriatic arthritis medications:
 - Results and date of last PPD test
- Prescription/Enrollment Form

Other Notes:

Office Point of Contact Name: _____

Office Point of Contact Phone: _____

Office Point of Contact Email: _____

Office Point of Contact Other: _____