



# 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:

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Office Point of Contact Name: \_\_\_\_\_

Office Point of Contact Phone: \_\_\_\_\_

Office Point of Contact Email: \_\_\_\_\_

Office Point of Contact Other: \_\_\_\_\_