



COVER SHEET
FAX ENROLLMENT FORM

- NOBLE NORTHEAST:** E-Scribe: NOBLE | Fax: 888-842-3977 | Tel: 888-843-2040
- NOBLE SOUTHEAST:** E-Scribe: NOBLEMS/TRANSCRIPT | Fax: 601-420-4040 | Tel: 866-420-4041

PATIENT BENEFIT SPECIALIST INFORMATION FORM

SPECIALTY MEDICATION PRIOR AUTHORIZATION REQUEST

For Noble Health Services to assist with most prior authorizations (PAs), please send us the following via E-Scribe or Fax:

- Prescription and Enrollment Form
- Patient Diagnosis and ICD-10 Code
- Insurance Card/Demographics Page
- All Related Clinical Notes
- Any Applicable Labs
- Tried/Failed Medications**
- Patient's Complete Medication List

For rheumatoid arthritis, Crohn's disease, psoriasis, and psoriatic arthritis, we will also need:

- Results and Date of Last PPD Test

Other Notes:

Office Point of Contact:

Name: _____ Phone: _____

Email: _____ Other: _____

BEFORE SUBMITTING YOUR REQUEST:

Please verify that you have included all of the required items listed above.
Missing items could delay the PA process.

Noble Health Services will be in contact with your office throughout the PA Process.
Your support and cooperation allows us to complete the PA as quickly as possible.