

# Kidney Dialysis Prior Authorization Request Form

For quicker response, please submit this request electronically via iExchange and attach the supporting clinical documents.

<https://nexalignexchange.meddecision.com/IEApp/Login/providerLogin.faces>

If faxing (non-preferred), please fax completed form and applicable supporting clinical documents to the appropriate fax number below.



<b>Arise Members:</b> Arise Health Plan—Attn: Integrated Care Management P.O. Box 11625 • Green Bay, WI 54307-1625 Phone: 888-711-1444 • Fax: 608-327-6300
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## MEMBER INFORMATION

First Name	Last Name	Date of Birth	Subscriber Number
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## ORDERING/REFERRING PROVIDER INFORMATION

Provider First Name	Site/Location Name
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Provider Last Name	Site/Location Address
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Provider Specialty (e.g., Nephrologist)	City	State	ZIP
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TIN	NPI	Phone	Fax
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Location Contact Person
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Member Diagnosis	N18.4 Stage 4, chronic kidney disease N18.5 Stage 5, chronic kidney disease N18.6 End-stage renal disease/acute renal failure Other:	Glomerular Filtration Rate (GFR)
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Has a Dialysis Center Been Chosen?    Yes    No    (If Yes, Please Note)	Location Name	Address
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Dialysis Type/Treatment Recommended (hemodialysis, home dialysis, peritoneal dialysis)	Frequency	Additional Notes
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Kidney Treatment History (included time of diagnosis, levels of care, and recent treatment history)
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Is Member Awaiting Transplantation?    Yes    No	Comments
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**NOTE:** The prior authorization of any procedure does not guarantee benefits or payment. Approval is based on medical necessity as defined in the patient's benefit plan or certificate. All benefits are subject to the terms, conditions, and exclusions of the benefit plan or certificate. This may include policy language regarding pre-existing conditions or signed affidavits stating that the insurance bears no responsibility, as signed by the insured. Policy exclusions for certain types of services may also apply. Verify prior authorization requirements. For additional benefit information, please contact Arise Health Plan at 888-711-1444. **A release of information form included in the application for insurance was signed by our member.**