Hospitality Rx

Prior Authorization Initiation Form

Complete and fax to: Hospitality Rx (877) 245-0875 or call (844) 484-4726

1: Member Information

Last name	First name	Date of birth (month-day-year)	Member ID

2: Physician Information

Physician Name	NPI #	Phone #	Fax #

Action Needed	Pharmacy Contact Name	Pharmacy Phone #	Pharmacy Fax #
❑ Urgent ❑ For review *Only mark urgent if patient's life or health is in jeopardy or patient is in severe pain.*			

3: Drug Information

Drug name	Quantity	ICD-10	Duration of therapy

Directions

Diagnosis

4: Physician Signature

Signature	Date