



Texas SPAP/TIAP/ACA CLAIMS AUTHORIZATION REQUEST FORM

Version 8.1

Provider Services: 888-311-7632

Fax Form to: 800-848-4241

or 510-587-2799

PLEASE REVIEW REQUEST FOR ACCURACY AND COMPLETE ALL APPROPRIATE FIELDS! **To be completed by the Pharmacy**

PHARMACY INFORMATION
NPI:
CONTACT PERSON:
STAMP or WRITE Pharmacy Name, Phone & Fax:
PHONE:
FAX:

CLIENT INFORMATION
(Print Clearly)
Last Name First Name
I.D.:
D.O. B. / /

MUST CHECK ALL THAT APPLY!
PROOF OF BILLING MUST ACCOMPANY THIS REQUEST
Program Limits
Plan Limit
Clinical Limits
Other

All Claims over 180 days will be denied.

Table with 7 columns: RX#, NDC, Copay or Cash Price, Requested QTY, Days Supply, OCC, Prescription Date*

Notes/Explanation: