



Broward Authorization - Permission Form

Date Completed: _____

- 1) Office **MUST** submit Prescription and Clinical Notes **TOGETHER** when requesting Authorization assistance. If these documents are not received, the authorization team will not be able to process the request.
- 2) Please do not encourage the patients to schedule themselves. Remind them they will be contacted by our team within 48 hours to schedule an appointment.
- 3) For authorization status please contact the authorization phone number listed above.
- 4) If the original order changes for any reason, please re-submit all updated documents with changes via fax or email.

Physician's Practice Name: _____

1. Physician Name(s): _____ NPI # _____

2. Tax ID _____

3. Physician Name(s): _____ NPI # _____

Tax ID _____

4. Physician Name(s): _____ NPI # _____

Tax ID _____

5. Physician Name(s): _____ NPI # _____

Tax ID _____

6. Physician Name(s): _____ NPI # _____

Tax ID _____

7. Physician Name(s): _____ NPI # _____

Tax ID _____

Office Mailing Address: _____

Office Authorizations Contact Person(s): _____

Direct Back-Line: _____ Main Office Phone Number: _____

Fax Phone: _____ Email Address if applicable: _____

Business Development Representative: _____

Date: _____