



SoonerSelect Prior Authorization Request

This form serves to request Prior Authorization for Transportation, Meals, Lodging from SoonerSelect Health (Aetna, Humana, OK Complete Health) plans to Modivcare

Date:

Name of Member:

Member's Date of Birth:

Sooner Select Plan Name:

Sooner Select Member ID:

Address of Member:

Member Phone number:

Date of Trip:

Phone number of Facility:

Name of Escort:

Escort's Relationship to Member:

Address where member is going:

Appt Time :

Pick up time to go home:

Lodging Details

Check-In Date:

Check Out Date:

of Nights:

Name & DOB of the person who will be checking in if different from the member:

Additional Guest Information One escort per child unless approved for additional escorts

Additional Guest Names and Relationship to Member:

Requesting Agency/Facility:

Name of Authorizing Person:

Phone:

Title:

Email:

Signature of Authorizing Person:

Email completed requests to OKExceptions@modivcare.com and Brooke.Kappus@modivcare.com