



**Date Sent:**

**To:** OptumRx Prior Authorization Department  
**Fax:** 1-844-403-1024  
**Phone:** 1-800-711-4555  
**Re:** California Delegated Medical Group Auto-Authorization

**From:**

**Phone:**

**Fax:**

Number of pages, including cover sheet:

Please have the doctor or a qualified member of the office staff complete the next page(s) and fax the completed form to 1-844-403-1024.

*If you have questions or want to speak with an OptumRx Prior Authorization Advocate, call 1-800-711-4555.*



## California Delegated Medical Group Auto-Authorization Form

Medical Group Information (required)	
Medical Group Name:	
Medical Group Authorization ID:	
Authorization Start Date:	Authorization End Date:

Provider Information (required)			Member Information (required)		
Provider Name:			Member Name:		
NPI#:			Insurance ID#:		
Office Phone:			Date of Birth:		
Office Fax:			Phone:		
Office Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Medication Information (required)	
<i>Medication 1</i>	
Medication Name:	Prescription attached? (Circle one) Yes / No
Strength:	Dosage Form:
<i>Medication 2 (if applicable)</i>	
Medication Name:	Prescription attached? (Circle one) Yes / No
Strength:	Dosage Form:
<i>Medication 3 (if applicable)</i>	
Medication Name:	Prescription attached? (Circle one) Yes / No
Strength:	Dosage Form:
<i>Medication 4 (if applicable)</i>	
Medication Name:	Prescription attached? (Circle one) Yes / No
Strength:	Dosage Form:
<i>Medication 5 (if applicable)</i>	
Medication Name:	Prescription attached? (Circle one) Yes / No
Strength:	Dosage Form:

Special Notes

This document and others if attached contain information that is proprietary, confidential and/or may contain protected health information (PHI). We are required to safeguard PHI by applicable law. The information in this document is for the sole use of the person(s) or company named above. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately.

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