AmeriHealth Caritas
District of Columbia

To: AmeriHealth Caritas DC Providers

Date: April 5, 2017

Subject: **Write legibly. Help us to process your requests for prior authorization accurately and efficiently while protecting our members' protected health information (PHI).**

<u>Write legibly</u> when you fax your request for prior authorization. We value our members' privacy but risk incorrectly sharing member PHI by responding to the wrong fax number if the request for prior authorization is not written legibly.

<u>Take advantage of our online prior authorization request tools</u>. Eliminate legibility issues by submitting your prior authorization requests securely online.

Medical prior authorization forms are located at
http://amerihealthcaritasdc.com/pdf/provider/forms/prior-auth-request.pdf and online pharmacy prior authorizations forms are found at
http://amerihealthcaritasdc.com/provider/resources/specialty-pa-forms.aspx.

Reminder:

Make sure that your contact information is up-to-date in our records. Check your listing in our online provider directory to ensure that we have your most up-to-date contact information. If you are not listed in the provider directory or your contact information is incorrect, please contact your Provider Account Executive.

Questions:
If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-202-408-2237 or 1-888-656-2383

Fraud, Waste, and Abuse Tip Hotline: 1-866-833-9718, 24 hours a day, seven days a week. Secure and confidential. You may remain anonymous