



# Authorization Status Request



## To: Authorizations Department

Date: \_\_\_\_\_ Requestor: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

THIS FORM IS TO BE USED TO CHECK STATUS ON AN EXISTING AUTHORIZATION, NOT  
TO REQUEST A NEW AUTHORIZATION.

Remember to include your fax number, as this form will be faxed back to you.  
The information faxed to you is accurate as of the date listed under Current Date.

			FOR ALLIANCE USE ONLY	
Auth/TAR #	Date Sent	Member ID#	Current Status	Current Date

If it has been more than five days since you submitted your request and you have not received a response from the Alliance, please call our Authorization Status Line at 831-430-5511. For authorizations related inquiries, other than status requests, please contact the Alliance Authorizations department at 831-430-5506.

**Please fax this completed form to the Authorizations department at 831-430-5850.**

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.thealliance.health](http://www.thealliance.health)