empire Healthcare
PO Box 4367,
Orange, CA 92863

Authorization Form

Fax to: (949) 396-2614

Referring Provider Information

Name & NPI	
Tax ID	
Telephone	
Fax	
Address	

Requested Provider Information (Leave blank if same as above)

Name	
Telephone	
Fax	
Address	

Member Information

Name	
Member ID & Health Plan	
DOB	

Diagnosis Codes

Service Codes

Clinical Notes
