



Read Me First – Nevada Medicaid

Prior Authorization Request FA-1

- This required form must be completed and signed by the Physician within 30 days of a face to face visit with the client. The prescribed device and accessories must be listed on the form.
- The physician must document that the client was evaluated and/or treated for a condition that supports the SGD. This documentation (chart notes or office visit notes) must be provided along with the written order for the SGD.

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***A partnership between PRC and Saltillo to process funding requests for
Medicaid, Medicare and Private Insurance***