

# Forms

All of the forms listed below and more are located on our Web site at:  
[www.wa.Asuris.com/provider/reference/form/index.html](http://www.wa.Asuris.com/provider/reference/form/index.html)

## ***Claim/Billing Forms***

### **Corrected Claim Cover Sheet**

Use when submitting a change to a claim previously submitted

### **Overpayment/Voucher Deduction Request**

Use when seeking reimbursement revisions.

### **Supporting Documentation Form**

Use when Asuris Northwest Health has requested supporting documentation. Include claim number on form when submitting.

## ***Member Forms***

### **Incident Report**

Use when member seeks care for an accident. Member must sign before submitting.

### **Multiple Coverage Inquiry (MCI)-2 pages**

Use to report multiple coverage for a member.

## ***Prior Authorization Forms***

### **Pharmacy Authorization Request Form**

Use for obtaining prior authorization for particular pharmacy refills.

### **Pre-Authorization Request Form**

Use when a condition warrants a pre-authorization. We no longer perform courtesy pre-authorizations.

## ***Provider Forms***

### **Hospital Based Form**

Use when a provider is being added to a hospital based facility.

### **Provider Information Change Request Form**

Use when provider has any changes. Available on the Web site. We must have a signature before any changes can occur.

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## *Referral Forms*

### **Standard CHITA Referral Form**

Use when submitting referrals.

### **Behavioral Health Referral Request**