





## OUTPATIENT AUTHORIZATION REQUEST WITHOUT TRANSPORTATION REQUEST

949 Kamokila Boulevard, 3<sup>rd</sup> floor,  
Suite 350 Kapolei, HI 96707

Please Fax completed form to: **1-888-881-8225**  
Phone Numbers: **Medicare** 1-888-505-1201  
**Medicaid** 1-888-846-4262



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