

AULTCARE ON THE WEB

Electronic Medical Prior Authorization and Referral Form

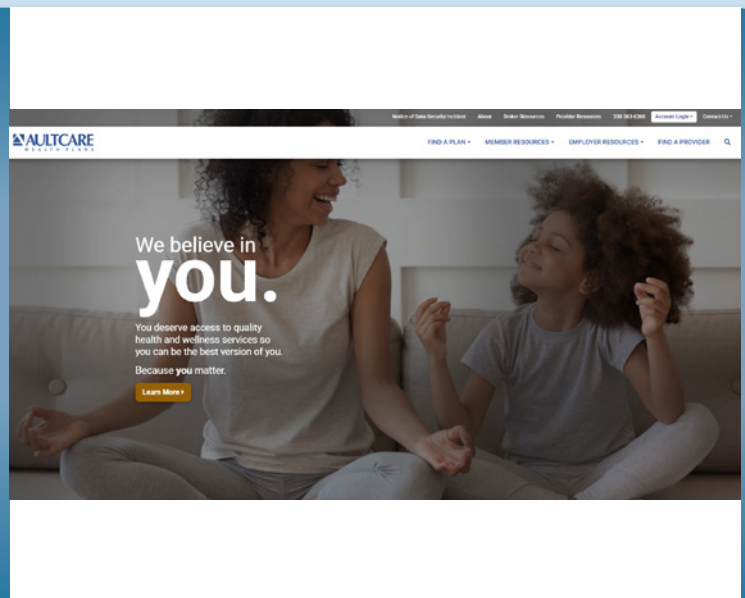
www.aultcare.com

The Electronic Medical Prior Authorization and Referral Forms are for services not housed in TTAP or for referrals. These electronic forms replace forms that were previously faxed or uploaded through our website. The Inpatient Review Form (new 2025) allows submission of initial and ongoing concurrent review.



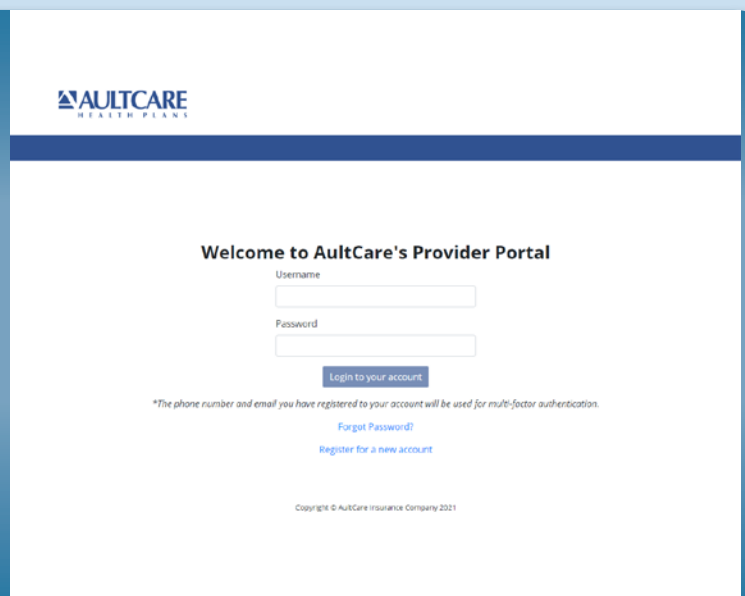
STEP 01

- Visit www.aultcare.com.
- Click [Account Login](#).
- Select [Provider Login](#).



STEP 02

- On the Account Login screen, enter your username and password to access your secured account.
- If you have not yet established a secured account, please click [Register](#) for a new account.



STEP 03

- Once you are logged into your secure account, click on **Prior Auth** on the toolbar at the top of the provider portal or click on the green **Prior Authorization** tile on the main page of the dashboard.
- Search for Member Eligibility.
- Click the orange **Prior Auth** button next to the appropriate member. You will be directed to the prior authorization navigation tool.
- Click **Go to Medical Prior Auth & Referral Forms**.

STEP 04

- Click the applicable form type:
AultCare Home Health Care Services, Authorization and Referral, Molecular Diagnostic Request, or Inpatient Review Form (new)

STEP 05

- Open the form and complete all of the requested information.
- You will be prompted to click **Next** at the bottom of the screen.

STEP 06

- Submit clinical notes and/or documentation in the **File Attachments** section (required).
- The following file types are accepted: .pdf, .xls, .zip, .txt, .xlsx, .doc, .docx, .html, .csv, .rar, .xlsb, .ppt.
- Click **Upload** to attach files.
- Confirm the number of files uploaded is correct.
- Click **Submit** to finish or **Back** to make changes.
- Note: once **Submit** is clicked, you will not be able to make changes to the form.

Inpatient Review

Request Infor... Patient Infor... Attending Phy... Servicing F... Acknowledg... Confirm... Final...

File Attachments
Please attach any supplemental files needed to accompany this form

Upload

of files uploaded: 0

Please review that you have completed this form completely and accurately. Click "Submit" below to finish.

Back Submit

• PRIOR AUTHORIZATION REQUESTS WILL ONLY BE ACCEPTED THROUGH ELECTRONIC SUBMISSION
• NO MOLECULAR/GENETIC TESTING WILL BE CONSIDERED FOR COVERAGE WITHOUT ALL FIELDS COMPLETE
• ***ALL FIELDS ARE MANDATORY AND REQUIRE COMPLETION FOR PROCESSING***

[Privacy Policy](#)

STEP 07

- If successful, a confirmation message will display.

Inpatient Review

Thank you, your form has been submitted. You may close this window.

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