



Your PRC-Salttillo Funding Source

## **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.

**PRC-Salttillo**  
1022 Heyl Road  
Wooster, OH 44691

Phone: 800.268.5224  
Fax: 330.202.5840  
Email: [funding@prc-salttillo.com](mailto:funding@prc-salttillo.com)