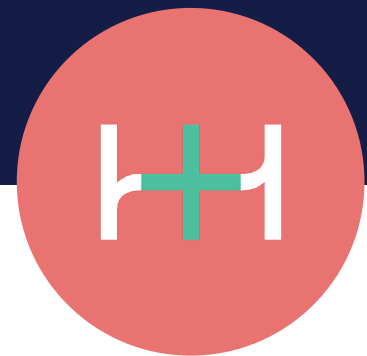


How to submit a prior authorization



Members with the Cigna Healthcare® PPO Network

Harbor Health 		Judi Rx.	
Subscriber: 123456789-01		Medical Plan	Coinurance 80/20%
Member Name: John Smith		Deductible	Out-of-Pocket
Member ID: 123456789-12		Individual: \$0	Individual: \$5,000
Group #: 00000000		Family: \$0	Family: \$12,500
Plan Type: POS		Copays	
Effective Date: 01/01/2027		Primary Care Provider \$0 Urgent care \$80	
		Mental health visits \$0 ER \$500	
		Pharmacy Plan	Rx Group
			HHCOM
		Rx BIN	Rx PCN
		610852	CHM
		Rx Copays	
		Tier 1 Prescription Drug: \$0	
		Tier 2 Prescription Drug: \$50	
		Tier 3 Prescription Drug: \$100	

Underwritten by Harbor Health Insurance Company
TDI



Please review the [Cigna Healthcare® Prior Authorization Requirements List](#) to confirm if the requested services require approval.

HOW TO SUBMIT

Contact the Harbor Health provider services team at: (855) 481-0525 to submit a prior authorization request.

Members with the First Health Network

Harbor Health	Capital Rx
Subscriber: 123456789-01	Medical Plan: Coinsurance 80/20%
Member Name: John Smith	Deductible: Individual: \$0, Family: \$0
Member ID: 123456789-12	Out-of-Pocket: Individual: \$5,000, Family: \$12,500
Group #: 00000000	Copays: Primary Care Provider \$0, Urgent care \$80, Mental health visits \$0, ER \$500
Plan Type: POS	Pharmacy Plan: Rx Group HHCOM
Effective Date: 09/01/2026	Rx BIN: 610852, Rx PCN: CHM
Underwritten by Harbor Health Insurance Company TDI	Rx Copays: Tier 1 Prescription Drug: \$0, Tier 2 Prescription Drug: \$50, Tier 3 Prescription Drug: \$100



Please review the **First Health Prior Authorization Requirements** List to confirm if the requested services require approval.

HOW TO SUBMIT

1. Faxing

- Access the Harbor Health prior authorization form at: HarborHealth.com/Partner/Provider/Resources
- Complete the form and fax to Harbor Health prior authorization fax line: (512) 271-4493
- Fax in additional clinical information WITH the prior authorization form that describes the medical necessity for the requested service in detail.

2. Harbor Health Provider Portal

- Request access to the Harbor Health Provider Portal at HarborHealth.com/Partner/Provider/Resources
- Submit the prior authorization form and additional clinical information that describes the medical necessity for the requested service as guided by the portal workflow.

3. Electronic health record

- Submit using your electronic health record (e.g., Epic, Athena, etc.) prior authorization capabilities

4. Mail

- Access the Harbor Health prior authorization form referenced in #1 above.
- Complete the form and mail to:
Harbor Health Insurance Company
Attn: UM Department
P.O. Box 211262
Eagan, MN 55121
- Mail additional clinical information WITH the prior authorization form that describes the medical necessity for the requested service in detail.

5. Telephonic

- Contact the Harbor Health provider services team at: (855) 481-0525

Medication prior authorization

1. Faxing

- a. Access the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits located at: HarborHealth.com/Partner/Provider/Resources
- b. Complete the form and fax to JudiRx fax line: (833) 434-0563
- c. Fax in additional clinical information WITH the pre-authorization form that describes the medical necessity for the requested medication in detail, if necessary.

2. Mail

- a. Access the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits located at: HarborHealth.com/Partner/Provider/Resources
- b. Complete the form and mail to:
Judi Rx Claims Department
9450 SW Gemini Dr. #87234
Beaverton, OR 97008
- c. Mail in additional clinical information WITH the prior authorization form that describes the medical necessity for the requested medication in detail, if necessary.

3. Telephonic

- a. Please contact the Judi Rx provider services team at the number on the member ID card.

Prior authorization does not guarantee payment. All services remain subject to member eligibility, applicable benefit limitations, and a determination of medical necessity at the time of claim submission. Emergency services, as defined by applicable law, do not require prior authorization; however, notice following emergency treatment and authorization for any subsequent care may be required.

Contracted providers are responsible for obtaining prior authorization where required. This includes submitting all necessary documentation, clinical records, and other supporting materials in a timely and accurate manner. Providers must understand which services require authorization, the appropriate submission channels, and the documentation standards necessary to support the request.

Utilization review activities are conducted in accordance with applicable federal and state laws, including Texas Insurance Code Chapter 4201. Harbor Health Insurance Company may perform these activities directly or through a delegated entity pursuant to applicable delegation arrangements.

For questions regarding prior authorization services, please contact the Harbor Health provider services team at: (855) 481-0525

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