



Utilization Management Preauthorization Form: Transplant

Fax: 1-833-619-5745
Phone: 1-844-946-6263

To facilitate your request, please complete this form and submit with relevant clinical and diagnostic information.

Patient Information

Check box if patient is under 21 and considered medically fragile.

Patient Name	
Patient Date of Birth	
Patient ID with Prefix	
Patient Diagnosis Code	
Patient Comorbidities	

Chief Surgeon

Provider Name	
Provider Specialty	
Provider Address	
Provider NPI/ Tax ID	
Designated Contact	
Contact Phone Number	
Contact Fax Number	

Servicing Facility

Provider/Facility Name		
Provider/Facility Address		
Provider/Facility NPI/ Tax ID		
Provider/Facility Phone Number		
Provider/Facility Fax Number		
Office	Outpatient Ambulatory	Inpatient Hospital

Services Requested

CPT/HCPCS	# of Visits/Units	Description

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