



**Utilization Management
Preauthorization Form: Elective Surgery**

Fax to 1-833-619-5745

Phone: 1-844-946-6263

To facilitate your request, this form **must** be completed in its entirety.

Required Documentation

- ✓ Clinical documentation that supports the need for services
- ✓ Diagnostic results, including labs, therapy, and/or radiological reports

Patient Information

Patient name	
Patient date of birth	
Patient ID# with prefix	
Patient diagnosis code	
Comorbidities	

Service Provider Information

Provider name	
Provider specialty	
Provider address	
Provider ID# / NPI / Tax ID	
Provider phone number	
Provider fax number	
Designated contact	

Service Facility

Level of care	Medical Office Ambulatory: Up to 24 hours, may be overnight Inpatient: Over 24 hours
Date of surgery	
Facility name	
Facility address	
Facility ID# / NPI / Tax ID	
Facility phone number	
Facility fax number	

