



# 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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