

Chiropractic Care Pre-Authorization Request Form

Patient Information

Name

Date of Birth

Member ID

Address

Phone

Provider Information

Provider Name

NPI Number

Phone

Fax

Clinical Information

Diagnosis (ICD-10)

Date of Onset/Exacerbation

Accident Type

Clinical Summary

Treatment Plan

Requested Services

CPT Codes

of Visits Requested

Frequency

Additional Information

Notes

Provider Signature

Date

