

# Outpatient Surgery Pre-Authorization Request Form

## Patient Information

Patient Name

Date of Birth

Member ID

Phone

Address

## Provider Information

Provider Name

NPI Number

Contact Phone

Contact Email

Facility Name

## Surgery Information

Surgery Type/Procedure

Proposed Date

CPT/Procedure Code(s)

ICD Diagnosis Code(s)

Medical Necessity/Reason for Surgery

## Supporting Information

Relevant Past Treatments and Outcomes

Additional Comments