



Preauthorization Form Elective Surgery

Utilization Management
 FAX to (716) 887-7913
 Phone: 1-800-677-3086

In order 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	
Designated contact	

Service Facility

Level of care	<input type="checkbox"/> Medical Office <input type="checkbox"/> Ambulatory: Up to 24 hours, may be overnight <input type="checkbox"/> Inpatient: Over 24 hours
Date of surgery	
Facility name	
Facility address	
Facility ID # /NPI/ Tax ID	
Facility phone number	

Services

Procedure CPT Code	Description

Services
