



# Preauthorization Form: Outpatient Services

**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.

### Patient Information

<b>Patient name</b>	
<b>Patient date of birth</b>	
<b>Patient ID # with prefix</b>	
<b>Patient diagnosis code</b>	
<b>Comorbidities</b>	

### Service Provider Information

<b>Provider name</b>	
<b>Provider specialty</b>	
<b>Provider address</b>	
<b>Provider ID # /NPI/ Tax ID</b>	
<b>Provider phone number</b>	
<b>Designated contact</b>	

### Service Facility

<b>Facility name</b>	
<b>Type of service</b>	
<b>Facility address</b>	
<b>Facility ID # /NPI/ Tax ID</b>	
<b>Facility phone number</b>	

### Services

<b>Procedure CPT Code</b>	<b>Description</b>

