



Preauthorization Form: Transplant

Utilization Management

Fax to (716) 887-7913

In order to facilitate your request, this form **must** be completed in its entirety.

Patient Information

Patient Name	
Patient Date of Birth	
Patient ID # with prefix	
Patient diagnosis code	

Chief Surgeon

Provider Name	
Provider Specialty	
Provider Address	
Provider ID #/NPI/Tax ID	
Provider Phone Number	
Contact Person	

Service Facility

Facility Name	
Facility Address	
Facility ID #/NPI/Tax ID	
Facility Phone Number	

Services

Procedure CPT Code	Description

✓ Include clinical documentation that supports need for service