

## Preauthorization Request Form

Date:	Reference No:	For Univera Use Only	
Name of Ordering/Requesting Physician:			
<b>Patient / Member Information</b>			
Member Name :		Member ID No.	
Member DOB:		Member Home Phone Number:	
<b>Diagnosis/Procedure Information</b>			
<i>Diagnosis Description</i>	<i>Diagnosis Code</i>	<i>Procedure Description</i>	<i>CPT Code*</i>
<b>Information about Referral Specialist or Out-of-Network Physician <sup>*</sup></b>			
Physician Name:		Physician Tax ID Number:	
Physician Address:		Physician Phone Number:	
Physician NPI Number:		Physician Fax Number:	
<b>Facility Information (if applicable)</b>			
Facility Name:		Facility Phone Number:	Ext.
Facility Address:		Date of Procedure:	
<b>To Submit This Request</b>			
<ul style="list-style-type: none"> <li>Complete this form in full and fax to 1-877-203-9401. You may also make your request via telephone by calling the Preauthorization Unit at 1-800-926-2357.</li> <li>If the request requires medical review, you will be instructed to provide any necessary clinical information to the Utilization Management Department either via telephone or fax.</li> </ul>			

**\*REQUIRED**

**Authorization does not guarantee or confirm that benefits will be paid.**  
**Payment of claims is subject to member eligibility and to contract limitations, provisions, and exclusions.**