



NATIONAL ASSOCIATION OF LETTER CARRIERS

HEALTH BENEFIT PLAN

20547 Waverly Court, Ashburn, Virginia 20149 • 703-729-4677 or 888-636-NALC (6252)

Brian L. Renfroe, President • Stephanie M. Stewart, Director



Surgical Procedure Prior Authorization Form

Fax: 571-599-7167

<input type="checkbox"/>	Standard Request	Requests for prior authorization (with supporting clinical information and documentation) should be sent to the Health Plan fourteen (14) days prior to the date the requested services will be performed. If a response has not been received within two (2) business days, call 877-220-6252 to confirm your request has been received.
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Physician Signature Validating Request	Date Signed
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MEMBER INFORMATION

Last Name		First Name	
Member ID		DOB	
Member Address			
Member Contact Information			

ORDERING PHYSICIAN INFORMATION

Last Name		First Name	
NPI		Tax ID	
Referring Facility			
Address			
Phone		Fax	

FACILITY INFORMATION

Hospital/Facility Name			
Address			
Phone		Fax	
NPI		Tax ID	

BILLING CODE INFORMATION (Attach supplemental documents if necessary)

Inpatient	Yes <input type="checkbox"/> No <input type="checkbox"/>	Outpatient	Yes <input type="checkbox"/> No <input type="checkbox"/>
HCPC/CPT Code	Code Description	Start Date	End Date
			Diagnosis Code

Important: Please submit supportive clinical documentation to substantiate the need for service including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.

Not all surgical procedures require prior approval. You may contact the Plan at 888-636-NALC (6252) to determine coverage for the surgical procedure prior to the service being rendered.

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