



NATIONAL ASSOCIATION OF LETTER CARRIERS

HEALTH BENEFIT PLAN



20547 Waverly Court, Ashburn, Virginia 20149

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 a minimum of fourteen (14) days prior to the date the requested services will be performed.
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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	
Group Name			
Address			
Phone		Fax	

FACILITY INFORMATION

Hospital/Facility Name			
Address			
Phone		Fax	
NPI		Tax ID	

BILLING CODE INFORMATION (Attach supplemental documents is 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

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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