# Medical/Surgical/ HME/DME
# Pre-Authorization Request Form

This form is to be used when pre-authorization(s) are required.

Please complete and print off form. Submit by fax to the appropriate plan, using the numbers listed below.

**All Plans: (800) 453-4341** **Boeing-ONLY: (877) 663-7526**

**PART 1: Must be completed in full**

| | | |
|---|---|---|
| Requesting Provider<br><br>NPI: | Provider Address: | Provider Telephone #<br><br>Fax # |
| Patient's Name | Subscriber's Name (if different) | Patient's Identification # |

**OFFICE CONTACT: (name and phone number):**

**PART II: To be completed in full by Provider**

1. Procedure(s) requested_____
   CPT® code _____
   HCPCS code _____

2. Diagnosis _____ ICD-9 code _____
3. Name of Facility for procedure _____
4. Procedure Inpatient ☐ or Outpatient ☐
5. If DME, quote attached? ☐ Yes ☐ No DME Company _____
   DME Phone # _____
6. Were benefits and eligibility checked? ☐ Yes ☐ No ***If No, please contact Customer Service, using the numbers for the appropriate Plan below:***
   - ☐ Idaho _____ ☐ Oregon _____
   - ☐ Utah _____
   - ☐ Washington _____ (Use for PEBB, Healthy Option and all Commercial plans)
   - ☐ Boeing _____

***Please note Managed Care policies may require a referral from the PCP. If additional documentation or an additional referral is necessary, they will be requested.***

Disclaimer: