

Medical Approval Form



NOTICE TO PROVIDER: This policy is a secondary policy. If claimant has coverage through any other carrier that policy will be primary. If primary coverage exists approval must be requested from the primary insurance carrier.

If there is no other coverage then this policy will act as primary and the following services require pre-approval: surgeries, MRI's, CT scans, durable medical equipment and physical therapy. All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned. Please fax completed form to: 806-337-1859.

Claimant Name _____ Date of Birth ____/____/____

Group Name US Soccer Development Academy Date of Injury ____/____/____

Requesting Phys. _____

Requesting Provider _____

Address _____

Address _____

Phone _____

Phone _____

Fax _____

Fax _____

Contact _____

Contact _____

DX	HCPCS/CPT	Description of Item/Service	Body Part	Select One	Date of Service Begin	Date of Service End
				<input type="checkbox"/> Right <input type="checkbox"/> Left		
				<input type="checkbox"/> Right <input type="checkbox"/> Left		
				<input type="checkbox"/> Right <input type="checkbox"/> Left		

Date Request Submitted ____/____/____ New Request Revised-Request

THIS SECTION TO BE COMPLETED BY FAIRLY GROUP:

Request: Approved
 Denied
 Pending

Comments _____

Further as permitted by applicable law, this pre-approval is subject to concurrent review as to medical necessity, appropriateness of efficacy, and coverage for services being provided. Billing for the services preapproved on this form is subject to nationally standardized rules for coding and payment. In absence of authorization, silence is acceptance of an offer of payment pursuant to current Medicare reimbursement and reduction of all complex and very complex CPT codes to simple to moderate CPT codes.

Confidentiality Notice:

This facsimile transmission (and/or documents accompanying it) may contain confidential, proprietary, and privileged information. This information is intended only for the use of the individual(s) named above. Any unauthorized review, use, disclosure or distribution is prohibited.