



NATIONAL ASSOCIATION OF LETTER CARRIERS

HEALTH BENEFIT PLAN



20547 Waverly Court, Ashburn, Virginia 20149

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

Surgical Procedure Prior Authorization Form

Fax: 571-599-7167

☐	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.		
Physician Signature Validating Request		Date Signed		
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 ☐ No ☐		Outpatient	Yes ☐ No ☐
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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