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

☐	**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.