



## Medical Approval Form

**NOTICE TO PROVIDER: The following services require pre-approval: surgeries, MRI's, CT scans 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Claim # \_\_\_\_\_ Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_

Requesting Phys. _____  Address _____  Phone _____  Fax _____  Contact _____	Requesting Provider _____  Address _____  Phone _____  Fax _____  Contact _____
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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 WILLIS REPRESENTATIVE:**

Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	Comments _____ _____ _____
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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.