use this form in addition to the Pre-Authorization Request Form to document call information

PRIOR-AUTHORIZATION CALL TRACKING FORM

Date of Call: _____

Payer Information

Name of Contact: _____

Phone Number: _____

Address: _____
_____

Inquire

Inquire about the patient's benefits and eligibility
_____

Inquire about coverage for the intended procedure
_____
_____

Determine

Determine payer requirements for pre-authorization:

Will they provide verbal authorization? _____ *(if yes jump to authorization section)*

What information or documentation should be sent with the request?
**Provide Letter of Medical Necessity & patient's medical information/history if pertinent*
_____
_____

To Whom should the information be sent? _____
_____

Determine an expected timeline for decision: _____

Fax the request and supporting documentation if permissible

Authorization

Auth. #: _____
Verbal Authorization given by: _____

Written Authorization Received on: _____

Follow-up Log

Date: _____ Time: _____ Contact: _____
Date: _____ Time: _____ Contact: _____