SYNERGY SAFETY + HEALTH

250 Barrow Street
Houma, LA 70360

MAIN 985 868 7070
800 256 4776
FAX 985 879 2650

Prior Authorization / Pre-certification Request

Unless this request is urgent, please allow 48-hour turnaround time.

This pre-authorization request form should be filled out by the provider. Before completing this form, please confirm the patient's benefits and eligibility. Benefits for services received are subject to eligibility and plan terms and conditions that are in place at the time services are provided.

PATIENT INFORMATION

Patient Name: _____ Member ID: _____ DOB: _____

Group ID: _____

PROVIDER/FACILITY INFORMATION

Requested by: _____ E-mail: _____

Today's Date: _____ Phone #: _____ Fax#: _____

This is a request from: ☐ Ordering Physician ☐ Facility Procedure/Admit Date: _____

Physician Name: _____ Phone #: _____

Address: _____ Fax#: _____

_____ Physician Tax ID #: _____

Facility Name: _____ Phone #: _____

Address: _____ Fax#: _____

_____ Facility Tax ID #: _____

SERVICES REQUESTED

CPT Code 1 and description	Diagnosis Code and description
CPT Code 2 and description	Diagnosis Code and description
CPT Code 3 and description	Diagnosis Code and description
Additional Codes/Notes:	

Please submit the following clinical information with this form as appropriate for this request, history and physical, lab/radiology/testing results, current symptoms and functional impairments, and treatment history. Fax or e-mail them along with this completed form. If these documents are not submitted with the request, delays may be incurred. Fax # 985 879 2650 or e-mail preauth@synergysafetyandhealth.com.

OFFICE USE ONLY			
☐ Approved	☐ Denied	Authorization No.	Date(s) Approved
Notes:			

The determination is based on medical necessity only and should not be considered a guarantee of payment. All benefit determinations are subject to eligibility at the time of service and all terms and provisions of the plan document or policy. Please contact the claim payer directly to verify benefits and possible exclusions.