

MBA
P.O. BOX 651109
S.L.C., UT 84165-1109
Phone: 801-268-3334 800-877-3727
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Request For Surgical Pre-authorization

1. To be completed by Employee:

Employee: _____

Employee SS#: _____

Group Name: _____

Patient: _____

2. To be Completed by Physician:

Diagnosis: _____

<i>Procedure Code</i>	<i>Fee</i>	<i>Allowed</i>	<i>Not Allowed</i>
CPT	\$	\$	\$
CPT	\$	\$	\$
CPT	\$	\$	\$
CPT	\$	\$	\$
CPT	\$	\$	\$
CPT	\$	\$	\$

3. To be completed by MBA:

Comments: _____

**** Pre Authorization to be returned to insured. ****