Surgery Pre-Authorization Form

This **surgery pre-authorization form sample** is designed for healthcare providers to streamline the approval process before surgical procedures. It ensures all necessary patient information and medical details are documented efficiently. Using this form helps reduce delays and improve communication with insurance companies.

Patient Information

Full Name:

Date of Birth:

Insurance Provider:

Policy Number:

Patient Contact Number:

Provider Information

Provider Name:

Facility Name:

Provider Contact Number:

Procedure Information

Type of Surgery/Procedure:

Proposed Date of Surgery:

Diagnosis/ICD Code:

Procedure Details/Notes:

Authorization Request

Justification/Medical Necessity:

Supporting Documents Attached:

Yes ▼

Signatures

Provider Signature:

Date:

Submit Pre-Authorization Request