

# Outpatient Procedure Pre-Authorization Form

Save time and ensure smooth processing with our **outpatient procedure pre-authorization form sample** designed specifically for clinics. This template helps streamline patient approvals by capturing essential information quickly and accurately. Clinics can easily customize the form to meet their specific authorization requirements.

## Patient Information

Full Name:

Date of Birth:

Contact Number:

Insurance Provider:

Policy Number:

## Provider & Procedure Details

Clinic Name:

Referring Physician/Provider:

Procedure/Service Requested:

CPT/Procedure Code:

Requested Date of Service:

## Medical Necessity & Clinical Information

Primary Diagnosis/Reason for Procedure:

**Clinical Notes (Attach additional documentation if needed):**

## Insurance Authorization (To be completed by clinic staff)

**Authorization Status:**

**Authorization Number:**

**Date Authorized:**

**Provider Signature:**

**Date:**

**Staff Signature:**

**Date:**

**Submit Authorization Request**