

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