

# Insurance Authorization Request Form Sample

The **Insurance Authorization Request Form** sample provides a standardized template to streamline the process of obtaining approval from insurance providers. This form ensures all necessary patient and treatment information is accurately submitted for timely authorization. Utilizing this sample can help reduce delays and improve communication between healthcare providers and insurers.

## Patient Information

Patient Name:

Date of Birth:

Insurance ID Number:

Contact Phone:

## Provider Information

Provider Name:

Facility Name:

Provider Phone:

NPI Number:

## Treatment Information

Diagnosis (ICD-10):

Requested Procedure/Service (CPT/HCPCS):

Proposed Start Date:

Frequency/Duration:

Medical Necessity/Justification:

## Insurance Information

Insurance Payer Name:

Payer Phone/Fax:

Group Number:

Submit Authorization Request