



HEALTHCARE COOPERATIVE

Common Ground Healthcare Cooperative
PO Box 1630
Brookfield, WI 53008-1630
T: 877.825.9293 | F: 715.221.9749

General Medical Prior Authorization Form
Prior Authorization Request

Date _____

Member Information
Referring Provider Information
Rendering Provider Information

- 1. Has patient seen this provider in the past?
2. Is an appointment scheduled?
3. What are the specific services being requested?
4. List of applicable CPT/ICD Codes
5. Has this patient received treatment for this condition from affiliated providers within CGHC's network?
6. Explain why an affiliated provider cannot provide the requested services

Provide any supportive documentation as appropriate for this referral.

Provider signature _____ Date _____

Mail or fax form to: Common Ground Healthcare Cooperative
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Brookfield, WI 53008-1603
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