COMMON GROUND
HEALTHCARE COOPERATIVE

Phone: 1-877-514-2442
Fax: 1-844-676-0372

Wisconsin Provider Prior Authorization Request Form

*** indicates required field**

Select One:	☐ Standard*	☐ Urgent* When a member's health may be affected if the authorization is not addressed quickly

Patient Information

Date of Request		Member ID #*					
Member's Last Name*		Member's First Name*					
Member's Date of Birth*		Phone Number					
Member's Address		City		State		ZIP	

Attach clinical notes with history and prior treatment

☐ Inpatient* ☐ Outpatient*

Place of Service

☐ Office ☐ Home ☐ Inpatient Hospital ☐ Outpatient Hospital ☐ Other

Ordering (Ord) Provider Name (First & Last Name)*							
Ord-Tax ID*		Ord-NPI*		Ord-Phone*			
Ord-Fax*							
Ord-Address*		Ord-City*		Ord-State*		Ord-ZIP*	
Date of Service Start Date (mm/dd/yyyy)		**Date of Service End Date (mm/dd/yyyy)**					
Facility/Servicing (Svc) Provider Name (First & Last Name)*							
Svc-Tax ID*		Svc-NPI*					
Svc-Address*							
Svc-City*		Svc-State*		Svc-ZIP*		Svc-Phone*	
Svc-Fax*							
DX Code (1)		DX Code (2)		DX Code (3)			
Additional Information							

CPT/HCPCS

Qty*	CPT/HCPCS*	Description of Service	U&C Charge (if applicable)

Number of Visits					
Updated Authorization Number		Number of visits		Requested Extension Date	
Work/Auto/Other Insurance					
Contact Name (First & Last)*					
Contact Phone #*			Contact Fax #*		

All providers must have written authorization **prior** to services being rendered. Out-of-network services are not covered except for emergency care and urgent care received outside the CGHC service area, or when a referral by an in-network provider has been approved by CGHC. Authorization is not a guarantee of payment; Prior authorization approval is based on medical necessity, appropriate coding and benefits. Payment is contingent upon the eligibility of the member at the time of service. Billed services must match the description above and be within the provider's scope of practice as determined by the applicable fee/payment schedule and the claim timely filing limits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing. If this approval is related to an ongoing service, beyond the dates specified above, a request for extension to the original authorization will be needed.

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