



Cardiac and Pulmonary Rehab Prior Authorization Request

Member Information		
Member Name (please print)	Date of Birth	Member ID#

Provider Information		
Requesting Practitioner	Practitioner Tax ID	Practitioner NPI
Facility	Facility Tax ID	Facility NPI
Facility Address		
Type of Service <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary	CPT Code	
Diagnosis	ICD-10	
Start Date	Number of Visits Requested	
UM Contact Name	UM Phone	UM Fax

Please submit clinical documentation to support medical necessity for requested item.

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Please fax completed form to: Group Health Cooperative of Eau Claire **Fax:** 715.552.7202