



Cardiac and Pulmonary Rehab Prior Authorization Request

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

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

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