group health Cooperative of eau claire

Inpatient Admission
Prior Authorization and Notification

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

Provider Information		
Admitting Physician		NPI
Name of Facility	Tax ID	NPI
Procedure		CPT Code
Admitting Diagnosis		ICD-10
Admission Date	Admission Status ☐ Inpatient ☐ Observation	Request Date
Facility Contact Name	Phone	Fax

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

Newborn Information (If applicable)		
Date of Birth	Birth Weight	Gender (check one) ☐ Male ☐ Female
Full Name (if available)		

Please indicate if any of the following apply:
☐ MVA ☐ Liability ☐ Worker's Compensation

Please fax completed form to: Group Health Cooperative of Eau Claire **Fax:** 715.852.5755