

MBA Benefit Administrators, Inc. P.O. Box 57340 Murray, Utah 84157-0340 Phone (800) 877-3727 Fax: (801) 747-5205

Date: _____

PRE-AUTHORIZATION INFORMATION

Patient's Name:					
Member ID #:					
DOB:					
Group Name/Number:					
PROVIDER INFORMATION:					
Phone #:	Fax #:				
Address:		City:		State:	ZIP:
TIN:	_				
PROCEDURE INFORMATION:					
Primary Diagnosis:					
CD-10:					
Procedure to be performed:					
CPT:					
Proposed Facility:					
NPI:					
Tax ID:					
Date of Service:					
Estimated Cost:		_ (If not provided, the p	processing of	your request	may be delayed)
Dosage:					
Duration:					
In Office					
Outpatient					
In Home					
MPA is not an insurance company. It		es that will aid in this rev Administrator and is not		or the funding	a of claims and

MBA is not an insurance company. It is a Third-Party Administrator and is not responsible for the funding of claims and has no fiduciary responsibility in the payment of claims.

Benefits are subject to patient eligibility and all applicable plan limitations, including usual and customary fee allowances, medical necessity, and excluded services, at the time of service. Information affecting these benefits may not be available at the time of this communication. This is not a guarantee of benefits.