

SURGICAL PRE-AUTHORIZATION WORKSHEET

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by the Defense Health Agency Great Lakes and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; And E.O. 9397 (SSN), as amended.

PURPOSE: To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program.

ROUTINE USES: Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 552a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at:
http://dpcl.o.defense.gov/privacy/SORNs/blanket_routine_uses.html.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations.

DISCLOSURE: Voluntary; however, failure to provide information may result in the denial of coverage.

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Instructions: Have the physician's office complete Section II below – Surgery Information – and return to Unit Administrator/Medical Representative in Section III – Unit POC. **All blocks must be completed.**

Section I Patient Data

1. Branch of Service (✓ one) USAR USNR USMCR USAFR ARNG ANG USCGR

2. Name (last, first, MI):	3. Rank or Grade:	4. SSN:
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Section II Surgery Information

5. Date of Request (YYMMDD):	6. Date of Surgery (YYMMDD):
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7. Surgical Procedure Information:

7a. ICD10 Code(s) ICD10 Code Description (brief):

7b. CPT and/or HCPCS Codes(s) CPT and/or HCPCS Code Description (brief):

Section III Unit Point of Contact Information

8a. Unit POC (Med Rep/Unit Administrator) Name:	
8b. Unit POC Rank and Title:	
8c. POC Phone Number (include area code):	8d. POC Fax Number (include area code):