



The Benefits of Better Health

Nasal Surgeries Authorization

Date of request: _____ Anticipated service date: _____

Patient name: _____ Phone: _____

ID number: _____ Date of birth: _____

Member address: _____

Provider name: _____ Tax ID: _____

Address: _____

Contact: _____

Phone: _____ Ext: _____ Fax: _____

Primary diagnosis: _____

ICD-10 codes: _____

List all proposed CPT/procedure codes; please specify if bilateral or single: _____

IMPORTANT: In addition to this form, submit

- (1) a complete history and physical,**
- (2) relative office notes to include any operative report, procedure report and pathology reports,**
- (3) X-ray/CT scan interpretation report,**
- (4) a letter of medical necessity,**
- (5) Documentation of pre-operative examination with inclusion of testing reports (e.g., CT scan, endoscopy, etc.), and**
- (6) a listing of all tried and failed treatments.**

Mail completed form and supporting documents to: GEHA
P.O. Box 4665
Independence, MO 64051

OR

Fax completed forms and documents to GEHA at 816.257.3255.

Questions: Call GEHA at 800.821.6136, ext. 3100.

All benefit payments are subject to review for any applicable deductibles, coinsurance, maximums, medical necessity and patient eligibility on the date that the service is provided or the supply delivered.