Defense Health Agency - Great Lakes DHA-GL Worksheet-06 Rev. 04/10/2017

## SURGICAL PRE-AUTHORIZATION WORKSHEET

**Instructions:** Member or unit representative completes Section I and III, and physician completes Section II. Unit representative completes and validates Section III, then faxes or mails this form and supporting documentation to DHA-GL.

**Complete ALL Blocks** 

## 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: <a href="http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx">http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx</a>.

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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## SURGICAL PRE-AUTHORIZATION WORKSHEET

Instructions: Have your physician's office complete Section II – Surgery and/or Durable Medical Equipment (DME) Information. Return the worksheet to the Unit Administrator/Medical Representative listed in Section III.

**COMPLETE ALL BLOCKS** 

		Se	ection I Memb	ber Data			
1. Branch of Service:	USAR	USNR	USMCR	USAFR	ARNG	ANG	USCGR
2. Name (last, first, MI):			3. Rar	nk or Grade:		4. SSN:	
5. Date of Request (YYMN		ery and Du	rable Medica 6. Date	al Equipmen e of Surgery (YY		ormation	
7. Surgical Procedure Info	rmation:	-	I				
7a. ICD 10 Code(s)	ICD 40.0	Cada Dasar	iption (brief)				
ra. ICD To Code(S)	ICD IU	Joue Descr	iption (brier)	:			
		_					
7b. CPT and/or HCPCS Codes(s)	CPT and	/or HCPCS	Code Descr	iption (brief)	):		
(include DME)							
		-	-				
	Sec	tion III Curre	ent Unit Point	of Contact Inf	ormation		
8a. Unit POC (Med Rep/U							
8b. Unit POC Rank and Ti	itle:						
8c. POC Phone Number (	include area co	de):	8d. PC	C Fax Number	(include area	code):	