



**TASB RISK
MANAGEMENT FUND**

12007 Research Blvd. • Austin, Texas 78759-2439 • P.O. Box 2010 • Austin, Texas 78768-2010
Tel 512.467.0222 • 800.482.7276 • Fax 800.580.6720 • tasbrmf.org

Administered by the Texas Association of School Boards, Inc.

**WORKER'S COMPENSATION PREAUTHORIZATION REQUEST FOR HEALTHCARE SERVICES
FAX COMPLETED FORM TO 888-777-8272**

| | | | | |
|--|---------------|------------|---|-------------------|
| Date | Claimant Name | | Date of Birth | |
| Address | | | Date of Injury | |
| Employer | | Claim# | First Responder (Fire, Police, EMS) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| REQUESTING PROVIDER OR FACILITY | | | | |
| Name | | Phone | Fax | |
| Contact Name | | NPI Number | Tax ID | |
| Address | | City | State/Zip Code | |
| ORDERING PHYSICIAN | | | PLACE OF SERVICE | |
| Name | | | Name | |
| NPI | Tax ID | | NPI | Tax ID |
| Phone | Fax | | Phone | Fax |
| Address | | | Address | |
| PLANNED SERVICE, PROCEDURE OR DME | | | Number of Visits | CPT or HCPCS Code |
| <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT | | | Start Date | End Date |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Number of PT or OT visits completed | | | Number Post-op PT or OT completed | |
| DME Rental Duration and Price | | | DME Purchase Price | |
| Diagnosis Description/Body Area(s) | | | Diagnosis Code(s) | |
| Peer to Peer Contact Information | | | Best day/time | Phone |

**ATTACH CLINICAL DOCUMENTATION AND SIGNED ORDERS
FAX COMPLETED FORM TO 888-777-8272**

CONFIDENTIALITY NOTICE: The information transmitted is intended only for the person or entity to which it is addressed. It may contain confidential and/or patient-specific privileged medical information. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and permanently delete the original and any copy from your computer or device. Form 2019.01