TASB RISK FUND

TASB Risk Management Fund
P.O. Box 2010 • Austin, Texas 78768-2010 • 800.482.7276
12007 Research Blvd. • Austin, Texas 78759-2439 • tasbrmf.org
Administered by the Texas Association of School Boards

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) ☐ Yes ☐ 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 ☐ INPATIENT ☐ OUTPATIENT	Number of Visits	CPT or HCPCS Code	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