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.

Please submit to the Utilization Review Department FAX: 888 777 8272

Date :	**Pre-Authorization Request - Please Include CLINICAL Documentation**	
Claimant Name: Last:	First:	MI:
Social Security No:	Date of Injury:	
Employer:		
Requestor/Person of contact:		
Complete Name:		
Phone No:	Fax No:	
Reconsideration: ☐ Yes	☐ No	
Requesting Physician:		
Complete Name:		
License No:	Tax ID No:	NPI No:
Phone:	Fax #:	Email/contact:
Complete Address:		
Peer to Peer Contacts:	Best day/time:	
Best method : ☐ Phone	☐ Fax	☐ Email : _____
Place of Service:		
Complete Name:		
Complete Address:		
Tax ID No:	NPI No:	
Phone No:	Fax #:	
☐ **Inpatient**	☐ **Outpatient**	☐ **In Office** ☐ **DME** ☐ **HHC** ☐ **Drugs**
Estimated Dates of Service:		
Body Part(s) Being Treated:		
Diagnosis (ICD9 Code):		
Treatment Required: CPT/HCPCs Codes and Description or for Drug Preauthorizations: Name of the drug, dosage, frequency, total #, route (P.O., topical, IV), # of refills		
# Visits requested:	**# Visits completed:**	

04/2010