



**TASB RISK
MANAGEMENT FUND**

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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 <input type="checkbox"/> INPATIENT <input type="checkbox"/> 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**

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