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

Workers' Compensation Preauthorization Request for Healthcare Services

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