

OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / TRAINING

100 EAST CORSON STREET • PASADENA, CALIFORNIA 91103 • (626) 356-1000
P.O. BOX 7063, PASADENA, CALIFORNIA, 91109



Date: _____

To: _____

Phone No: _____ Fax No: _____

RE: _____ Member I.D.: _____

PAIN MANAGEMENT

PRE-AUTHORIZATION INFORMATION NEEDED FOR REVIEW

1. Need complete medical history on patient's condition. Need to indicate diagnostic studies performed and all treatment to date. (This should be done in summary.) (i.e.: letter, consultation reports and H & P etc.)

2. Need physician information:

Tax I.D. No.

Is physician AHF(Contract) or Non-AHF (Non-contract)?

Provide procedure with CPT codes and rates.

Duration of service and any follow up services offered.

3. If facility being used other than physician's office (Contract or Non-Contract).

Provide Name of facility

Tax I.D. No.

CPT codes with all rates involved.

*No services provided for any work-related injury.

Please fax the information to: Doris Campbell, Case Manager
(626) 356-3579

You will receive a written response via fax within 3-5 working days once all documentation received. Thank you.

DC/mms/CM17