



# Authorization Request

## Surgery Authorization Form

Utilization Review Department  
Michigan Conference of Teamsters Welfare Fund  
Phone: (313) 964-2400

- **Blepharoplasty & Ptosis Repair (Upper Lid)**
- **Breast Reduction or Reconstruction**

**Please fax back this completed form for Surgery Authorizations with the supporting medical records to: (313) 496-2939**

Please be advised that surgical procedures primarily for cosmetic purposes are not covered.

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Contract #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Procedure Code (S): \_\_\_\_\_

Diagnosis Code (S): \_\_\_\_\_

Is this a prior authorization? YES \_\_\_\_\_ NO \_\_\_\_\_

Has this surgery already been performed? If so, when: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_