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1475 Kendale Blvd., PO Box 2560
East Lansing, MI 48826-2560
Fax 517.333.6233
Questions? Call 800.336.0013

Preauthorization request form

MESSA member/patient information

Type of plan: ☐ MESSA Super Care ☐ MESSA Choices ☐ MESSA ABC		
First name of patient	Last name of patient	Date of birth
First name of member	Last name of member	MESSA enrollee ID
Address		Home phone ( )
Address 2		Business phone ( )
City		State / ZIP Code

Preauthorization information

Diagnosis Code (ICD-10)	Procedure Code (CPT)	Modifier	Charged Amount
			$
			$
			$
			$
			$

Preauthorization information

Name of physician			Tax ID# / NPI #
Name of assistant surgeon			Tax ID# / NPI #
Address			Date of surgery, if scheduled
Address 2			Business phone ( )
City	State	ZIP Code	Business fax ( )

Please include: ***(attach separate sheets if necessary)***

- **History & patient notes**
- **Medical necessity information**
- **Photos, if applicable (Note: these will not be returned)**

Once you have completed the form and the items above are attached, please mail/fax your request to MESSA Member Services, Attn: Preauthorization Department

MES - MS
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