MESSA℠

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 Choices ☐ MESSA ABC ☐ Essentials by MESSA ☐ MESSA Super Care			
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		Work 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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