

Prior authorization request for healthcare travel to a Center of Excellence for bariatric surgery

## **SECTION 1** | *Personal information*

Subscriber phone	
Subscriber date of birth	
Provider phone	Provider fax
	Subscriber date of birth

## **SECTION 2** | Authorization

**Travel authorization requests are limited to the following guidelines:** To qualify, you must be an OEBB subscriber on an ODS plan (this benefit is not available to members covered as a dependent). Subscribers must live more than 120 miles from a Center of Excellence to qualify for per diem and mileage benefit. Per diem and mileage limitations are based on Federal Government allowances from the US General Services Administration (GSA). ODS will reimburse up to \$2,600 for qualifying expenses.

Date

Maximum benefit for visits to a Center of Excellence includes:

- One night for pre-surgery consultation (without guest)
- $\bullet$  Six nights for surgery with guest
- One night for post-surgery followup (without guest)

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PLEASE FAX OR EMAIL COMPLETED FORM AND LETTER OF REFERRAL TO:

ODS Healthcare Services at 855-522-9810 or email medical@odscompanies.com