Horizon
Horizon Casualty Services, Inc.

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Horizon Casualty Services, Inc.
P.O. Box 10175
Newark, NJ 07101-3175
1-800-985-7777
www.HorizonCasualty.com

PROCEDURE/SURGERY AND AFTER CARE PRE-CERTIFICATION

Date _____ Physician Office Contact _____ Phone # _____ Fax # _____

Instructions:

- Please complete the ***Physician Use Only*** sections of this form.
- Surgery must be scheduled with network surgeon and assistant at a network hospital or ASC.
- Please fax all physician records supporting the pre-certification request to the HCS Nurse Case Manager.
- Fax completed form to:

Case Manager _____ Phone # _____ Fax # _____

Date of Injury _____ Patient Name _____ Claim # _____

(Physician Use Only)
Requested Surgery Date _____ First Post Op Visit Date _____

Primary ICD Code(s) & Description _____ (R)☐ (L)☐

Anticipated Procedure or Surgery CPT Code(s) _____

Projected Return to Work Date(s): Light Duty _____ Full Duty _____

(Physician Use Only-Circle Appropriate Options)

Provider Type	Provider Name	Location	HCS Approval #
Surgeon/Physician			
Assistant Surgeon/ Co-Surgeon			
Anesthesiologist: General/ Conscious sedation			

Service Type	Facility Name	Location	Length of Stay	HCS Approval #
Acute Care Hospital				
ASC/SDS				

Service Type	Provider Name	Location	Frequency	Duration	HCS Approval #
OT and/or PT					
DME					
Other					

(HCS Use Only)

Approved CPT Code(s) _____ Surgery Date _____

Pre-certification Request Receive Date _____ Approval Faxed to Provider Date _____

Nurse Case Manager (NCM) _____ Fax # _____ Phone # 800-985-7777 x _____

NCM Approver Signature _____