MSN Global
Medical Billing & RCM

Prior Authorization Checklist

Use this checklist to document authorization requirements before scheduled healthcare services.

Patient _____	**Payer** _____
Service / Procedure _____	**Scheduled Date** _____

Patient & Plan

- ■ Patient demographics confirmed.
- ■ Insurance plan and member ID confirmed.
- ■ Eligibility active for planned date of service.
- ■ Payer authorization rules reviewed for the specific service.

Clinical / Service Information

- ■ Ordering / referring provider documented.
- ■ Rendering provider and facility identified.
- ■ Diagnosis and requested procedure / service documented.
- ■ Clinical records or medical-necessity documentation prepared if required.

Authorization Submission

- ■ Request submitted through correct payer channel.
- ■ Requested date range, visits, units or quantity documented.
- ■ Reference / authorization number recorded.
- ■ Payer determination and conditions documented.

Before Service

- ■ Authorization is valid for date, provider, facility and service.
- ■ Approved units / visits are sufficient.
- ■ Changes in service are reviewed for authorization impact.
- ■ Authorization details are available to scheduling and billing staff.