



National Imaging Associates, Inc. Request for Further Clinical Information

TODAY

PLEASE NOTE: All submissions are considered part of the medical record. The provider is responsible for providing truthful, accurate, and complete information when seeking pre-authorization. Submission of inaccurate, false, or misleading information may lead to criminal or civil penalties.

ATTENTION – CONFIDENTIALITY NOTICE

If you receive this fax in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.



National Imaging Associates, Inc.
4129 East Van Buren, Suite 150
Phoenix, AZ 85008

Fax

**Privacy
Notice**

Date: TODAY

<<Study Requested>>

PLEASE FAX THIS FORM TO: 1-800-784-6864

ORDERING PHYSICIAN: REQ_PROVIDER
FAX NUMBER: FAX_RECIP_PHONE **TRACKING NUMBER:** CC_TRACKING_NUMBER
RE: Authorization Request **MEMBER ID:** MEMBER_ID
PATIENT NAME: MEMBER_NAME

WE HAVE RECEIVED YOUR REQUEST FOR <<Study Requested>>. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

Study Requested: <<Study Requested>>

Additional clinical information requested includes, but is not limited to:

1. Primary reason the physician has requested this specific test (if chemical stress test, please indicate intended pharmacologic agent):

For medical information requested below, attach sheet or provide medical records

2. Member height, weight, and BMI
3. Symptoms and duration
4. Prior interventions, (i.e., CABG, pacemaker, etc.)
5. Physical exam findings
6. Previous cardiac testing with Dates of Service and findings
 - o Electrocardiogram (EKG/ECG)
 - o Exercise stress test
 - o Echo – transthoracic or transesophageal or Stress echo
 - o Stress MPI (myocardial perfusion study)
 - o Coronary angiography and left ventriculogram
7. Medications
8. Co-morbid conditions, including exercise capacity issues (distance, heart rate)

Please fax information requested above, clinical notes and any other information that will help us complete the processing of this request. In order for our clinical reviewers to follow up on this information, please include the phone number for the office nurse or clinical staff in the office: () _____

Signed: _____, M.D.

All information supplied is considered part of the member's permanent, confidential medical record.

For questions, please contact the NIA call center at (888) 642-7649

ATTENTION – CONFIDENTIALITY NOTICE

This electronic message transmission contains information belonging to Magellan Health Services, its subsidiaries or affiliates that is solely for the recipient named above and which may be confidential or privileged. MAGELLAN HEALTH SERVICES, its subsidiaries and affiliates EXPRESSLY PRESERVE AND ASSERT ALL PRIVILEGES AND IMMUNITIES APPLICABLE TO THIS TRANSMISSION. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of this communication is STRICTLY PROHIBITED. If you have received this electronic transmission in error, please notify us by telephone at (916) 859-5050. Thank you.

SAMPLE