

CC_TRACKING_NUMBER

FAXC



Medical Specialty Solutions
National Imaging Associates, Inc.
PO Box 2273
Maryland Heights, MO 63043

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

Date: TODAY

ORDERING PHYSICIAN:		REQ_PROVIDER	
FAX NUMBER:	FAX_QUESTIONS_ADDL	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	CAR_NAME		
We have received your request for PROC_DESC. We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			

URGENT: REPLY REQUIRED FOR CASE REVIEW
Request for Additional Clinical Information

Study Requested: PROC_DESC

Please **PROVIDE:REQ CLINICAL DOCS**

1. All office visit notes or reports, including most recent office visit and specialist notes, since initial visit for the clinical condition
2. Contact information of specialist for whom the physician is ordering the study or procedure
3. Diagnostic/laboratory test results or imaging reports for the clinical condition and notes about need for follow-up imaging
4. Information giving reason for the requested study or procedure (e.g. copy of request form, etc.)
5. Details of any current or completed treatment ***The ordering physician is responsible for obtaining prior authorizations and for submitting the clinical records if requested. Please respond as soon as possible with the clinical information identified above to avoid any delays in patient care.***

Receipt of written records is required prior to clinician review. Once written information has been received, the case will be reviewed by a clinician and you will be notified of the determination. If this case is urgent, you may speak with a Clinician at 1-877-642-0522.

For information regarding NIA clinical guidelines used for determinations, please see www.radmd.com **CLINICAL GUIDELINES.**

All information supplied is considered part of the member's utilization review record with NIA and will be kept strictly confidential **in accordance with HIPAA and/or applicable state law.** For questions, please contact the NIA call center at 1-877-642-0522.

IF THIS CASE IS CLINICALLY URGENT, PLEASE CALL NIA. FAXES ARE NOT REVIEWED FOR URGENCY.
TO FACILITATE A TIMELY REVIEW, USE THIS MEMBER-SPECIFIC COVERSHEET
SEND ONLY ONE PATIENT PER FAX: MULTIPLE PATIENTS IN A FAX WILL DELAY REVIEW.

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