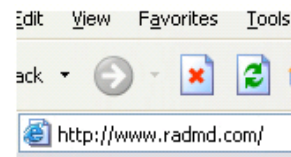


# RadMD® Access for Physical Medicine Providers to Request Prior Authorization

To get started, simply go to:

**1** Go to [www.RadMD.com](http://www.RadMD.com)



Open your Internet browser and navigate to RadMD.com.

**2** Click the New User button on the right hand side of the home page



Complete form only for yourself. Shared accounts are not allowed.

**3** What best describes your company

Select link "Physical Medicine Practitioner"

Which of the following best describes your company?

**4** Create a User ID for yourself

Choose a User ID

You will use this User ID to Sign- In to initiate authorizations using RadMD.

## 5 Complete information

Complete your name, phone number, fax number, company name and job title.

|                     |                      |                      |
|---------------------|----------------------|----------------------|
| <b>Name</b>         | <input type="text"/> | <input type="text"/> |
| First               |                      | Last                 |
| <b>Phone</b>        | <input type="text"/> | <b>Fax</b>           |
| (xxx) xxx-xxxx      |                      | (xxx) xxx-xxxx       |
| <b>Company Name</b> | <input type="text"/> | <b>Job Title</b>     |
|                     |                      |                      |

Enter your e-mail address:

|                          |                      |
|--------------------------|----------------------|
| <b>Email</b>             | <b>Confirm Email</b> |
| <input type="text"/>     | <input type="text"/> |
| example: you@company.com |                      |

Fill out your office address:

|                             |                      |                      |
|-----------------------------|----------------------|----------------------|
| <b>Address</b>              |                      |                      |
| <input type="text"/>        |                      |                      |
| example: 123 Main St.       |                      |                      |
| <input type="text"/>        |                      |                      |
| example: Suite A (optional) |                      |                      |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| City                        | [State]              | Zip                  |

## 6 Provide your supervisor information

**Your Superior**

The manager or supervisor responsible for terminating your access.  
**This cannot be yourself.**

|                |                      |                           |
|----------------|----------------------|---------------------------|
| <b>Name</b>    | <input type="text"/> | <input type="text"/>      |
| First          |                      | Last                      |
| <b>Phone</b>   | <input type="text"/> | <b>Email</b>              |
| (xxx) xxx-xxxx |                      | example: boss@company.com |

## 7 Submit Application

[Submit Application](#)

- Submit the request by clicking submit application.
- Once the application is submitted, you will receive an immediate e-mail from RadMD Support confirming receipt of your request.
- You will receive another e-mail within 72 hours with additional instructions which will include your approved Account ID and a link that will allow you to create a passcode.
  - (If you have not received an e-mail within 72 hours, check your junk e-mail for some firewalls may prevent the delivery of this e-mail confirmation)
- Your approved Account ID number and Passcode will allow you to sign into RadMD to initiate authorizations for future requests and/or submit documentation for authorizations or audits.