## Prior Authorization Request



## A division of Providence Health Assurance

## **\*\*Chart Notes Required\*\***

Please fax this request to: 503-574-6464 or 800-989-7479 Please call our PA department if you have any questions at: 503-574-6400 or 800-638-0449

For High Tech Imaging	Yor High Tech ImagingAmerican Imaging Management (AIM) Radiology Prior Authorization Phone: 800-920-1250 For Online Requests: <a href="http://www.americanimaging.net/goweb/">http://www.americanimaging.net/goweb/</a> For Registration: Providence PIN #: 045-83169		
Member Information			
Last Name:		First Name:	
ID #:		DOB:	
Address:			
Provider Information			
Primary Care Physician (PCP):			
Requesting Provider:			TIN#:
Address:			NPI#:
Servicing Provider:			TIN#:
Address:			NPI#:
Servicing Facility:			TIN#:
Address:			NPI#:
Request Information			
ICD-10 Code(s):			
CPT Code(s):			
Requested Services: Office Visits, # of visits: Surgery Diagnostic Facility Auth Only		Type of Service: Inpatient Outpatient Surgery Office Surgery Outpatient Diagnostics ASC	
DOS: I		Date Span Requested:	
Comments:			
**REQUIRED** Contact Information:			
		Phone #:	
Fax #: T		Total # of pages faxed, including cover page:	
In-Network Benefits being requested		PLEASE EXPEDITE! The provider believes that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy (CMS definition)	

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