

Prior Authorization Request

****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	American Imaging Management (AIM) Radiology Prior Authorization Phone: 800-920-1250 For Online Requests: http://www.americanimaging.net/goweb/ 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: <input type="checkbox"/> Office Visits, # of visits: _____ <input type="checkbox"/> Surgery <input type="checkbox"/> Diagnostic <input type="checkbox"/> Facility Auth Only	Type of Service: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Surgery <input type="checkbox"/> Office Surgery <input type="checkbox"/> Outpatient Diagnostics <input type="checkbox"/> ASC	
DOS:	Date Span Requested:	
Comments:		
REQUIRED		
Contact Information:		
Name:	Phone #:	
Fax #:	Total # of pages faxed, including cover page:	
<input type="checkbox"/> In-Network Benefits being requested	<input type="checkbox"/> 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)	