

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)