WaterburyHEALTH

Pre- Authorization Assistance Physician Information and Consent

FIRST TIME USERS ONLY: Please f	ill out all sections below.		
Physician name:		Specialty	
Tax ID		NPI	
Phone		Fax	
Contact person (name & number):_			
Provider ID# for the following: Aetna	BlueCross		
CT Care			
_ CT Medicare	Oxford		
Harvard Pilgrim	United Health	Care	
Wellcare Medicare			
I am authorizing Greater Waterbury Employee's to obtain authorization of Prior author site address, order specifics (including clinical information, to obtain Prior Authorization, please community be scheduled. I authorize GWHN affiliates to create accounts are already active, I allow a valid for one year from the date indictivation waterbury Imaging Center, 68 Robb the authorization shall be deemed a	on behalf of the above named phization requests will provide the ag scan type, reason, location on Authorization. In addition, should icate that to the staff of GWHN are accounts with online databases utilization of them by providing U cated below and shall auto renevins Street, Waterbury, CT 06721.	ysician for outpatient imaging, Insurance Provider with the pathe body, CPT code) and any related a peer-to-peer review be requifiliates and they will advise more for Authorization and/or Veriful ser Name and Password information y yearly, unless written notice Attn: Pre Authorization Dept.	effective as itient name, date of service, equired medical history, ired in order to obtain the y office so that a review ication purposes. If nation. This authorization is is submitted to: Greater
Authorized Signature		Date	
Printed Name		Date	
Greater Waterbury Imaging Center	Imaging Partners of Waterbury Hospital	PADIOLOGY ASSOCIATES	Waterbury Hospital Waterbury HEALTH

WaterburyHEALTH