

Fax order to eFax (603) 537-3046 Attn: Prior Auth Rep



Include:

- Office notes and all necessary clinical information (incl. labs & previous imaging)
- Demographics
- Office contact person's Name, Email, Phone or Backline



Prior Authorization request submitted



Authorization Approved:

- Patient will be scheduled
- Fax sent with appointment date & approval number

Authorization Denied:

- Office contacted for additional information
- Or Peer to Peer review