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730 Cool Springs Boulevard, Suite 800, Franklin, TN 37067
Fax:888-693-3210/ Phone: 888-693-3211

Pre-Authorization Fax

Case ID : 7777777 Auth ID: A12121212 Status : Approved	Case Type : Phone Effective : Mon, May 05, 08 Expires : Sun, Aug 03, 08
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Patient Information

Name : DOE, JOHN HP MemberID : 0000000001 Address : 123 ANY STREET ANYCITY, ST, 99999	DOB : Dec 20, 1900 HealthPlan : Sample Health Plan
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Performing Provider Information

Authorized Facility : ANYNAME RADIOLOGY Address : 456 ANY STREET, ANYCITY, ST 99999	HealthPlan Id : 00000000XXXX Phone : 800/555-1212 Fax :
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Referring Physician Information

Procedure Requested by: DOE, JANE Address : 1234 ANY STREET ANYCITY, ST 99999 Specialty : GENERAL SURGERY	HealthPlan Id : Phone : 800/555-1213 Fax :
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Clinical Information

ICD9	Procedure			
723.1	Other disorders of cervical region; Cervicalgia			
CPT	Unit	Status	Procedure	
72125	1	Approved	CT Cervical Spine; without contrast material	

If you have questions please contact Customer Service at 888-693-3211

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Fax sent to 6155551212 on Mon, May 05, 08 2:33 PM