



Please submit completed form 72 hours prior to the requested date of service to the Utilization Management Department at (401)459-6023.

Please refer to Neighborhood's *Clinical Medical Policy* which is available on our Neighborhood web site, [www.nhpri.org](http://www.nhpri.org) for more detailed information about this benefit, authorization requirements, and coverage criteria.

**Important Information for Payment: W-9 Forms** are required in order to get reimbursed by Neighborhood for authorized services. If this has not previously been sent, please submit with this request.

MEMBER INFORMATION			
Member's Name:	Member's ID #:	Member's DOB:	
PROVIDER INFORMATION			
Provider's Organization Name:	<b>Organizational NPI:</b>	Date of Request:	
Date(s) of Service:	Previous Auth #:	Place of Service (City/Town)/Facility:	
Referring Provider's Phone #:	Referring Provider's Fax #:		
Treating Practitioner Name:	Specialty Type:	Phone #:	Fax #:
<b>Address for Remittance Advice/Payment:</b>			
CLINICAL INFORMATION			
Diagnosis & Diagnosis Code:		Procedure & Procedure Code(s):	
PURPOSE FOR REQUEST:			
<input type="checkbox"/> Consultation (Follow-up Visit)		<input type="checkbox"/> Inpatient (Elective Admission)	
<input type="checkbox"/> Consultation (One Visit) Reason:		<input type="checkbox"/> *Imaging and/or **Lab/ Pathology	
<input type="checkbox"/> Second Opinion (One visit) Reason:		<input type="checkbox"/> Other:	
NEIGHBORHOOD DECISION			
Authorization #:	Dates of Service:	Services Approved:	
UM Initials:	Notification Date:	<input type="checkbox"/> Not Approved - Letter to Follow	

\*Neighborhood has partnered with MedSolutions for prior authorization of all outpatient elective MR, CT, NCM/MPI and PET studies. Please visit MedSolutions' web site for more information [www.medsolutions.com](http://www.medsolutions.com).

\*\*It is expected that imaging, lab, pathology, and therapy services will be performed in Neighborhood's Network with the results sent to the primary care provider, unless otherwise authorized.