

Authorization Request Form - High Tech Imaging

Please complete this form and attach supporting clinical documentation. For fax numbers and frequently asked questions, visit https://payerinfo.zendesk.com/hc/en-us/categories/10629830321047-Fax-Forms-and-Resources

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Don't want to fax anymore? You could be getting time-saving benefits, including automatic approvals and guided submissions by using the portal. Registration only takes a few minutes, and unlocks access for all users at your practice organization. **Visit www.coherehealth.com/register to begin.**

Patient Information Potient first name "required Potient last name "required							
Date of birth MM/DD/YYYY *required	Patient information						
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Ordering provider					
Name *required		Street address			
City State		Zip code			
National Provider Identifier (NPI) *required		Taxpayer Identification I	Number (TIN) *required		
Fax number		Phone number			
Treating facility Name *required		Street address			
City State		Zip code			
National Provider Identifier (NPI) *required		Taxpayer Identification Number (TIN) *required			
Fax number		Phone number			
Expedite request					
Expedite this request In order for a case to be expedited the physician (or other clinician) must indicate that applying the standard timeframe could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. If the date of service is greater than 3 days in the future, please DO NOT submit this request as expedited.					
Please provide physician (or other clinician) justifi	cation				
Physician (or other clinician) signature					
Please attach any relevant clinical documenta	ation to this form and fax	it to Cohere.			

Have a question about this form?

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