



INSURANCE MATRIX 2011

Recent Changes

Please make note of recent changes in regards to the following insurance companies:

8/5/2011	UNIVERSAL HEALTH CARE	SEE UPDATES
7/27/2011	COVENTRY HEALTH CARE	SEE UPDATES
7/22/2011	CIGNA / GREAT WEST HEALTH CARE	SEE UPDATES
8/5/2011	TRICARE	SEE UPDATES
5/11/2011	HUMANA	SEE UPDATES
5/11/2011	SELECT MRI	SEE UPDATES
5/11/2011	SUNSHINE STATE HEALTH PLAN	SEE UPDATES

*****Please be advised: This insurance matrix is updated Monthly. While the best efforts are made to insure accuracy, insurance companies change their guidelines occasionally. Please contact the insurance company in the event of any discrepancies. Their telephone numbers can be found within our comment column. If you need further assistance, please contact a Signet center manager.**

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	M A M M O	AUTHORIZATION REQUIRED				COMMENTS	
											NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAY		VASCULAR STUDIES
ADVANTRA FREEDOM	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	CALL 866-386-2330 TO VERIFY IF AUTH IS NEEDED
ADIN HEALTHCARE *WC* (ADVANCED DIAGNOSTIC IMAGING NETWORK) *SEE COMMENTS*	N/A	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	NEED ADIN HEALTHCARE CONFIRMATION LETTER	
AETNA COMMERCIAL	for.elig.www.availity.com/for.auth.www.medsolutions.com	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH NEEDED	YES, AUTH Thru MEDSOL effect 5/1/2007	YES, AUTH Thru MEDSOL effect 5/1/2007	YES, AUTH Thru MEDSOL effect 5/1/2007	NO	NO	NO	NO	NO	YES, AUTH Thru MEDSOL effect 5/1/2007	AS OF 5/1/05 NO AUTH IS NEEDED	NO	NO	<u>MEDSOLUTIONS TEL# 888-693-3211 -- effective 5/1/07 AUTH IS NEED FROM MEDSOLUTIONS FOR MRI, MRA , CT, CTA, PET SCANS & NUCLEAR CARDIOLOGY</u>
AETNA HMO /AUTH REQ FOR PRI/SEC	for.elig.www.availity.com/for.auth.www.medsolutions.com	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH NEEDED	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL	NO	NO	NO	NO	NO	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL	AS OF 5/1/05 NO AUTH IS NEEDED	NO	NO	<u>MEDSOLUTIONS TEL# 888-693-3211 -- effective 5/1/07 AUTH IS NEED FROM MEDSOLUTIONS FOR MRI, MRA , CT, CTA, PET SCANS & NUCLEAR CARDIOLOGY</u>
AETNA /CHICKERING	for.elig.www.availity.com/for.auth.www.medsolutions.com	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH NEEDED	YES, AUTH Thru MEDSOL effect 5/1/2007	YES, AUTH Thru MEDSOL effect 5/1/2007	YES, AUTH Thru MEDSOL effect 5/1/2007	NO	NO	NO	NO	NO	YES, AUTH Thru MEDSOL effect 5/1/2007	NO	NO	NO	FOR AUTH CALL MED SOLUTIONS AT 1-888-693-3211 effective 5/1/07
AETNA SRC (STRATEGIC RESOURCES)	N/A	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH NEEDED	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	CALL (888) 772-9682 FOR ELIGIBILITY & TO VERIFY IF AUTH NEEDED
AIG/WORKERS COMP	N/A	DOCTOR REFERRAL REQ	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	NEED CLAIM #	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
ALLSTATE(CCN)	N/A	REFERRAL NEEDED	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	CLAIM # NEEDED AS AUTH	
AMERICAN MEDICAL SECURITY	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-232-5432
AMERICAN PIONEER MEDICARE SUPPLEMENT	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-626-8913
AMERIGROUP SEE COMMENTS	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	CALL INS TO VERIFY IF AUTH NEEDED	TEL# FOR ELIGIBILITY & AUTH 800-454-3730 SOUTH FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH AMERIGROUP
(AMERICAN PIONEER MEDICARE HMO) FLORIDIAN CARE PLUS	N/A	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO	FOR AUTH CALL 866-866-7404 FOR ELIGIBILITY CALL 866-553-0320
APWU *SEE COMMENTS*	N/A	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, ALL PET SCANS	YES, ALL MRIs & MRAs	YES, ALL CTs	NO	NO	NO	NO	NO	YES ONLY CARDIOLYTIC & STRESS THALLIUM	NO	NO	NO	<u>FOR AUTHORIZATIONS CALL MED SOLUTIONS AT 1-888-693-3295 OR 3211 AUTH NEEDED FROM MEDSOLUTIONS FOR PRIM & SEC</u>
ASSURANT HEALTH (PHCS & OTHER NETWORKS)	N/A	DOCTOR REFERRAL REQ	CALL (800) 454-5105 TO VERIFY IF AUTH NEEDED	CALL (800) 454-5105 TO VERIFY IF AUTH NEEDED	CALL (800) 454-5105 TO VERIFY IF AUTH NEEDED	CALL (800) 454-5105 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	CALL (800) 454-5105 TO VERIFY IF AUTH NEEDED	CALL (800) 454-5105 TO VERIFY IF AUTH NEEDED	NO	NO	NO	CALL (800) 454-5105 TO VERIFY IF AUTH NEEDED FOR PET SCANS, MRI, MRA, CT, & NUCLEAR STUDIES

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - RADIOLOGY	ULTRASOUND	XRAYS		
AVMA (AMERICAN VET MEDICAL ASSOCIATION)	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-621-6360
AVMED SEE UPDATES FOR AUTH EFFECTIVE JULY 1, 2008	www.availity.com OR www.avmed.org	DOCTOR REFERRAL REQ	YES, AS OF 7/1/08 CALL CARECORE - TEL# 86-665-8323 EACH CPT & MUST MATCH/ SEE COMMENTS	YES, AS OF 7/1/08 AUTH IS REQ FROM CARECORE - TEL# 86-665-8323 EACH CPT & MUST MATCH/ SEE COMMENTS	YES, AS OF 7/1/08 AUTH IS REQ FROM CARECORE - TEL# 86-665-8323 EACH CPT & MUST MATCH/ SEE COMMENTS	YES, AS OF 7/1/08 AUTH IS REQ FROM CARECORE - TEL# 86-665-8323 EACH CPT & MUST MATCH/ SEE COMMENTS	NO	NO	NO	NO	NO	YES, AS OF 7/1/08 AUTH IS REQ FROM CARECORE - TEL# 86-665-8323 EACH CPT & MUST MATCH/ SEE COMMENTS	NO	NO	NO	EFFECTIVE JULY 1, 2008 AUTH IS NEEDED FROM CARECORE FOR ALL MRI, MRA, CT, PET SCANS, PET CTS & NUCLEAR STUDIES. CARECORE TEL# 866-665-8323 CPT CODE ON AUTH MUST MATCH THE CPT ORDERED/TO BE PERFORMED
AUTO INSURANCE (NO FAULTS) COLLECT PIP- COMPLETE INS INFORMATION	N/A	DOCTOR REFERRAL REQ	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED AOB STANDARD DISCLOSURE FORM SIGNED BY PAT	NEED DATE OF ACCIDENT, CLAIM# & POLICY NUMBER
BAC (BUSINESS ADMIN & CONSULTING INC)	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-521-2654 FOR ELIGIBILITY*NO AUTH NEEDED FOR ALL PROCEDURES**
BANKERS LIFE & CASUALTY (MEDICARE SUPPLEMENT)	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	<u>MEDICARE SUPPLEMENT</u>
BEECH STREET LOGO INS CARD	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TEL# ON INSURANCE CARD FOR ELIGIBILITY

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	COMMENTS
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
BENEFIT CONCEPTS	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-963-2200 NO AUTH NEEDED FOR ALL PROCEDURES
BENEFIT MANAGEMENT	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-603-2299 FOR ELIGIBILITY
BLUE CROSS & BLUE SHIELD - ADVANTAGE 65 (AS SECON ONLY- PT MUST HAVE MCR AS PRIMARY)	www.availity.com	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE SUPPLEMENT PLAN - TEL# (800) 727-2227
BLUE CROSS & BLUE SHIELD FEDERAL GOV'T PLAN	www.availity.com	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	NO	NO	BCBS TEL# (800) 333-2227 NIA AUTH # 866-326-6302
BLUE CROSS & BLUE SHIELD *HEALTH OPTIONS* HMOS <u>SEE COMMENTS</u>	www.availity.com	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH NEEDED	YES, AUTH Thru NIA	YES, AUTH Thru NIA	YES, AUTH Thru NIA	YES, AUTH NEEDED FROM BCBS ONLY IF ADDITIONAL DEXA IS DONE IN 1 YEAR	NO	NO	NO	NEED AUTH FOR BONE SCAN ONLY THRU BCBS	YES, AUTH Thru NIA	NEED AUTH ONLY FOR OB-SONO (CPT 76801-76817) THRU BCBS	NEED AUTH FOR HYSTEROSAL PINGOGRAM & BONE AGE STUDY ONLY THRU BCBS	NO	AUTH NEEDED FOR PRIM / SEC NIA AUTH # 866-326-6302 AUTH NEEDED FROM BCBS FOR DEXA ONLY IF ADDITIONAL DEXA IS DONE IN 1 YEAR
BLUE CROSS & BLUE SHIELD OF FL PPO & TRADITIONAL	www.availity.com	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	NO	NO	BCBS TEL# (800) 727-2227 OR (800) 985-8723 NIA AUTH # 866-326-6302
BLUE CROSS & BLUE SHIELD PPO <u>SEE COMMENTS</u>	www.availity.com	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	CALL NIA TO VERIFY IF AUTH NEEDED	CALL NIA TO VERIFY IF AUTH NEEDED	NO	NO	BCBS TEL# (800) 727-2227 OR (800) 985-8723 NIA AUTH # 866-326-6302

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS	
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES		
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS			
BLUE CROSS & BLUE SHIELD OUT STATE	www.availity.com	DOCTOR REFERRAL REQ	CALL TEL# ON INS CARD TO VERIFY IF AUTH NEEDED	CALL TEL# ON INS CARD TO VERIFY IF AUTH NEEDED	CALL TEL# ON INS CARD TO VERIFY IF AUTH NEEDED	CALL TEL# ON INS CARD TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	CALL TEL# ON INS CARD TO VERIFY IF AUTH NEEDED	CALL TEL# ON INS CARD TO VERIFY IF AUTH NEEDED	NO	NO	NO	REFER TO TEL# ON THE BACK OF THE INSURANCE CARD TO VERIFY IF AUTH IS NEEDED FOR ALL MRI, MRA, CT, PET SCANS & ALL NUCLEAR STUDIES & DEXA
BLUE CROSS & BLUE SHIELD BLUE OPTIONS <u>SEE COMMENS</u>	WWW.AVAILITY.COM	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH NEEDED	YES, AS OF 7/1/07	YES, AS OF 7/1/07	YES, AS OF 7/1/07	YES, AUTH NEEDED FROM BCBS ONLY IF ADDITIONAL DEXA IS DONE IN 1 YEAR	NO	NO	NO	NO	YES, AS OF 7/1/07	YES, AS OF 7/1/07	NEED AUTH ONLY FOR OB-SONO (CPT 76801-76817) THRU BCBS	NO	NO	BLUE OPTIONS PLAN NEED AUTH AS OF 7/1/07 FROM NIA FOR PET SCANS, MRI, MRA, CT, ULTRASOUNDS..... CALL NIA AT 866-326-6302 FOR AUTH *AUTH NEEDED FROM BCBS FOR DEXA ONLY IF ADDITIONAL DEXA IS DONE IN 1 YEAR *
BLUE CROSS & BLUE SHIELD STATE EMPLOYEE GROUP (NASCO)	www.availity.com	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NASCO STATE EMPLOYEE (PREFIX- XJH) (DPU) HAS DIFFERENT PREFIX TEL# (800) 727-2227 OR (800) 593-1556
BRIDGESTONE	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 330-379-6500 FOR ELIGIBILITY
CARECREDIT	N/A	Signet DIAGNOSTIC IMAGING ACCEPTS CARE CREDIT PAYMENTS. PATIENTS CAN APPLY ONLINE AT WWW.CARECREDIT.COM, CALL 800-677-0718 OR CAN FILL OUT AN APPLICATION AT ONE OF OUR SITES.															
CARE ENTRÉE~	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 888-411-3888 TO VERIFY IF AUTH NEEDED
CARE IQ/ AKA ANCICARE	N/A	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	ANCICARE REF NEEDED	TEL# (888) 922-7347 OR (800) 414-4674
CARITEN PHCS NETWORK	N/A	DOCTOR REFERRAL REQ	YES, CALL 800-654-1092 TO VERIFY IF AUTH NEEDED	YES, CALL 800-654-1092 FOR AUTH	YES, CALL 800-654-1092 FOR AUTH	YES, CALL 800-654-1092 FOR AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	AUTH NEEDED FOR PET SCANS, MRI, MRA ,CT**CALL 800-654-1092 FOR AUTH** **FOR ELIGIBILITY CALL 865-470-7600**

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
CCN NETWORK LOGO	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	DEPENDS ON PLAN	CALL TEL# ON INSURANCE CARD FOR ELIGIBILITY & AUTH
CLARENDON INSURANCE GROUP(HEALTHY KIDS)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-824-8736
CELTIC	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	FOR ELIG CALL 800-477-7870 AUTHORIZATION IS NEEDED ONLY FOR ALL CT'S MRA, MRIS & NUCLEAR STUDIES **CALL ENCOMPASS UTILIZATION & CASE MANAGEMENT FOR PRE CERTIFICATION AT 877-654-1375***
CENTRAL PENNSYLVANIA TEMASTERS HEALTH & WELFARE FUND *BEECH STREET*	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-331-0420 OR 900-432-1776 FOR ELIGIBILITY ***NO AUTH NEEDED***
CENTRAL RESERVE LIFE INS MEDICARE SUPPLEMENT	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE SUPPLEMENT PLAN TEL (800) 945-8554
CENTURY HEALTH CARE (BEECH STREET NETWORK)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (888) 444-1995
CENTURY INSURANCE **PIP**	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 322-8200 DATE OF ACCIDENT , CLAIM# & POLICY # NEED

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS	
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES		
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS			
CHA HEALTH	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH IS NEEDED	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	TEL# (800) 457-5683 FOR AUTH & ELIGIBILITY
CIGNA	FOR ELIGIBILITY www.cignaforhcp.cigna.com or www.availity.com TO CHECK AUTH WWW.RADMD.COM	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	YES , AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDURE /SEE COMMENTS	YES , AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDURE /SEE COMMENTS	YES , AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDURE /SEE COMMENTS	NO	NO	NO	NO	NO	NO/ EFPE 6/1/07 AUTH IS NOT REQ/SEE COMMENTS	NO/ EFPE 6/1/07 AUTH IS NOT REQ/SEE COMMENTS	NO/ EFPE 6/1/07 AUTH IS NOT REQ/SEE COMMENTS	NO	NO	AUTH NEEDED For FOR MRIS, MRA'S, CT'S , PET SCANS & NUCLEAR STUDIES NIA TEL# 888 214-1703 - SEPARATE AUTH NEEDED FOR EACH PROCEDURE
CITRUS HEALTH CARE	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	CLAY COUNTY & DUVAL COUNTY ARE NON PAR WITH CITRUS HEALTH	NORTH FLORIDA IS NON PAR
CNS SEE COMMENTS	N/A	DOCTOR REFERRAL REQ		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (904) 281-5757
CONSECO MEDICARE SUPPLEMENT	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE SUPPLEMENT POLICY (800) 541-2254 OR (800) 759-7007
CONTINENTAL LIFE	N/A	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (615) 377-1300

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
CORESOURCE	N/A	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	DEPENDS ON PLAN	DEPENDS ON PLAN	NO	NO	NO	NO	DEPENDS ON PLAN	DEPENDS ON PLAN	NO	NO	NO	FOR PRE-CERT CALL 800-480-6658 ELIGIBILITY TEL# (866) 893-4472 OR 800-524-7130
CORPORATE BENEFIT SERVICES OF AMERICA, INC	N/A	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	FOR AUTH 813-286-1123 FOR CBSA ELIVIBILITY (800) 277-9476
COVENANT ADMINISTRATORS INC PHCS NETWORK	N/A	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 678-258-8230 FOR ELIGIBILITY & CLAIM STATUS
COVENTRY HEALTH CARE OF GEORGIA SEE COMMENTS	N/A	DOCTOR REFERRAL REQ	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	NO	Auth is needed for MRI, MRA, PETSCANS, CT, CTA and All Nuclear studies – Authorizations are required thru NIA - Although referrals are needed for procedures that do not require auth, if not obtained will not cause a denial. AUTH TEL# 866-214-1703
COVENTRY HEALTH CARE OF KANSAS SEE COMMENTS	N/A	DOCTOR REFERRAL REQ	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	NO	Auth is needed for MRI, MRA, PETSCANS, CT, CTA and All Nuclear studies – Authorizations are required thru NIA - Although referrals are needed for procedures that do not require auth, if not obtained will not cause a denial. AUTH TEL# 866-214-1703
COVENTRY HEALTH CARE FOR OTHER COVENTRY PLANS	N/A	DOCTOR REFERRAL REQ	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	NO	Auth is needed for MRI, MRA, PETSCANS, CT, CTA and All Nuclear studies – Authorizations are required thru NIA - Although referrals are needed for procedures that do not require auth, if not obtained will not cause a denial. AUTH TEL# 866-214-1703
COVENTRY HEALTHCARE HEALTH ASSURANCE CLAIMS	N/A	DOCTOR REFERRAL REQ	YES	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	NO	Auth is needed for MRI, MRA, PETSCANS, CT, CTA and All Nuclear studies – Authorizations are required thru NIA - Although referrals are needed for procedures that do not require auth, if not obtained will not cause a denial. AUTH TEL# 866-214-1703 ALL OTHER MAILING ADDRESSMUST BE VERIFIED CALL 800-669-9984 - HEALTH ASSURANCE/COVENTRY
CROSS AMERICA HEALTH PLAN SEE COMMENTS	N/A	DOCTOR REFERRAL REQ	CALL 866-302-7332 TO VERIFY IF AUTH NEEDED	CALL 866-302-7332 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-302-7332 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR PET SCANS **
DATA SUPPLIES, INC. (BEECH STREET NETWORK)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	CALL 770-451-7550 for Eligibility & 770-978-7321 FOR AUTH

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																	
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	COMMENTS	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS			
DEFINITY HEALTH (UHC NETWORK)	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	CALL 866-333-4648 FOR ELIGIBILITY AND AUTH
EVERCARE (UNITED HEALTH CARE)	UNITEDHEALTHCAREONLINE.COM	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	CALL 877-702-5110 FOR ELIGIBILITY & AUTHORIZATION VERIFICATION FOR MRI, MRA, CT & PETSCANS.
FCE BENEFITS BEECH STREET NETWORK	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	PRE-CERT 800-282-8037 ELIGIBILITY & CLAIM STATUS 800-899-9355
FIRST COAST ADVANTAGE / APEX BENEFITS	N/A	CHECK ELIGIBILITY BY PHONE	MUST CONFIRM CO. PAYMENT WITH INS	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.	SIGNET IS participating for OPEN MRI only. NO AUTH NEEDED as long as we have the ref from PCP for the MRI only.
FIRST HEALTH NETWORK	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	CALL TEL# ON INSURANCE CARD VERIFY IF AUTH NEEDED FOR MRI, MRA, CT, PET SCANS & ALL NUCLEAR STUDIES

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS	
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES		
										M A M M O	NUCLEAR MEDICINE	NUCLEAR-CARDIOLOGY	ULTRASOUND	XRAY			
FISERV HEALTH *SEE COMMENTS FOR DIFFERENT NETWORKS* (Note: Fiserv Health Changed their name to UMR)	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL TEL# ON INS CARD TO VERIFY IF AUTH NEEDED FOR ALL PROCEDURES	
FIRST ADMINISTRATORS *PHCS NETWORK*	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	*CALL 800-627-1557 FOR ELIGIBILITY*	
FIRST SERVICE ADMINISTRATORS	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (888-262-2788) FOR AUTH & (800) 226-3155 FOR ELIGIBILITY	
FRA INS PLAN	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL (800) 855-2881 TO VERIFY IF AUTH IS NEEDED FOR ALL PROCEDURES	
FREEDOM 1ST - (MEDICAID PLAN) - SEE COMMENTS FOR REFERRAL REQUIRMENTS	www.freedomhealth.com	DOCTOR REFERRAL REQ	YES	YES	YES, AUTH NEEDED FOR MRAS	YES, AUTH NEEDED FOR CTAS	YES	NO	NO	NO	NO	YES	YES	NO	NO	YES	AUTH CALL 888-796-0947 & ELIGIBILITY TEL# (800) 401-2740 - FREEDOM 1ST (MEDICAID PLAN) - PRESCRIPTION OR REFERRAL IS ACCEPTED FOR MRI, XRAY, ULTRASOUNDS & CT. PRE CERTIFICATION IS NEEDED FOR PET SCANS, MRCP, MRA, CTA & ALL NUCLEAR STUDIES.
FREEDOM HEALTH - (MEDICARE PLAN) - SEE COMMENTS FOR REFERRAL REQUIRMENTS	www.freedomhealth.com	DOCTOR REFERRAL REQ	YES	YES	YES, AUTH NEEDED FOR MRAS	YES, AUTH NEEDED FOR CTAS	YES	NO	NO	NO	NO	YES	YES	NO	NO	YES	AUTH CALL 888-796-0947 & ELIGIBILITY TEL# (800) 401-2740 - EFF 1/1/2010 FREEDOM HEALTH REQUIRES A DOCTOR SCRIPT FOR XRAY AND ULTRASOUNDS. AN INSURANCE REFERRAL IS REQUIRED FOR MRI AND CT SCANS. PRE CERTIFICATION IS NEEDED FOR MRA , CTA , MRCP, PET SCANS & ALL NUCLEAR STUDIES INCLUDING CARDIOLOGY AND BREAST BIOPSY. no auth or referral is needed for mammograms.
GALAXY HEALTH NETWORK	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL TEL# ON INSURANCE CARD TO VERIFY IF AUTH NEEDED FOR ALL PROCEDURES	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																	
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED						COMMENTS	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS	VASCULAR STUDIES		
GALLAGHER BASSETT **WC**	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED DATE OF ACCIDENT, CLAIM# & POLICY NUMBER ARIZONA OFFICE TEL# (954) 378-8200 CLEARWATER FL OFFICE TEL# (727) 796-6929 TEXAS OFFICE TEL# (800) 382-0166 OR (800) 866-4142	
GALWAY MEDICAL FUNDING CORPORATION	N/A	DOCTOR REFERRAL REQ	GALWAY MEDICAL FUNDING SPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING SPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED	
GHI PPO PLAN ONLY SEE COMMENTS	www.ghi.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	auth is needed from carecore	auth is needed from carecore	auth is needed from carecore	NO	NO	NO	NO	NO	auth is needed from carecore	auth is needed from carecore	NO	NO	SIGNET IS NOT CONTRACTED WITH GHI HMO PLAN - ONLY PPO AUTH NEEDED FROM CARECORE TEL# (800) 548-2089	
GEHA	www.medsolutions.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	NO	NO	NO	NO	NO	NO	AUTH NEEDED FROM MEDSOLUTION	NO	NO	NO	NEED AUTH FROM MED SOLUTIONS TEL# (888) 693-3296 OR (800) 821-6136
GENERAL AMERICANLIFE INSURANCE	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-648-0370
GENEX WC	N/A	DOCTOR REFERRAL REQ	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	NEED GENEX AUTH/REF FORM, SEE COMMENTS	TEL # (315) 699-4550
GREAT WEST/ MEDSOLUTION	www.medsolutions.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDSOLUTIONS TEL# (888) 693-3296
GROUP ADMINISTRATORS	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-796-7587 FOR PRE CERT 800-323-1683 FOR ELIGIBILITY

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	COMMENTS
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAY		
GROUP BENEFITS (BEECH STREET)	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 770-813-8474 FOR ELIGIBILITY
GMMI-AVI CLAIMS PHCS NETWORK	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-277-8051 FOR AUTH
HEALTHCOMP	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-442-7247 FOR ELICIBILITY
HEALTHEASE & HEALTHY KIDS, <u>SEE COMMENTS</u>	WWW.WELLCARE.COM	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED FOR MRA's ONLY. CALL (888) 888-9355	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-278-0656 FOR ELIGIBILITY OR AUTH AUTH IS NEEDED FOR PET SCANS & MRA'S ONLY -- Effective 7/1/09 HEALTHEASE reform plan WILL NO LONGER BE OFFERED IN DUVAL COUNTY (GIVERSIDE, NORTHSIDE, ARLINGTON, SALISBURY) AS OF 5/1/09 STAYWELL reform plan WILL NO LONGER EXIST IN DUVAL COUNTY PATIENTS NEED TO CALL THEIR INSURANCE TO SELECT ANOTHER PLAN AS OF 5/1/09
HEALTHE EXCHANGE *BEECH STREET NETWORK*	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-231-4015 TO VERIFY ELIGIBILITY // NO AUTH NEEDED
HEALTH LINK	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	FOR ELIGIBILITY CALL 800-694-9888
HEALTH PLANS INC	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (800) 532-7575
HEWITT & COLEMAN *WC*	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	*TEL# 800-421-9131*

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - RADIOLOGY	ULTRASOUND	XRAY		
HTH WORLWIDE INS	N/A	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 888-350-2002 FOR ELIGIBILITY
HUMANA FAMILY PLAN	www.humana.com or www.availity.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR RADIOLOGY ** CALL 866-825-1550
HUMANA -HMO	www.humana.com or www.availity.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	INS REF NEEDED FOR DIAGNOSTIC MAMMO ONLY	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	FOR AUTH CALL # 800-523-0023. NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR RADIOLOGY ** CALL 866-825-1550
HUMANA PPO	www.humana.com or www.availity.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	FOR AUTH CALL # 800-523-0023.... NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR RADIOLOGY ** CALL 866-825-1550
HUMANA HMO OPEN ACCESS - NO HUMANA REF IS NEEDED IF CARD STATE "NO REFERRAL REQUIRED"	www.humana.com or www.availity.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	INS REF NEEDED FOR DIAGNOSTIC MAMMO ONLY	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	FOR AUTH CALL # 800-523-0023. NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR RADIOLOGY ** CALL 866-825-1550
HUMANA PPO / EPO OPEN ACCESS - NO HUMANA REF IS NEEDED IF CARD STATE "NO REFERRAL REQUIRED"	www.humana.com or www.availity.com	DOCTOR REFERRAL REQ	NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	FOR AUTH CALL # 800-523-0023.... NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR RADIOLOGY ** CALL 866-825-1550
IMG	N/A	DOCTOR REFERRAL REQUIRED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-628-4664, OPTION 2 TO VERIFY IF AUTH NEEDED FOR MRI, CT, PET SCAN**

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
INTER-AMERICAS INSURANCE *BEECH STREET NETWORK*	N/A	DOCTOR REFERRAL REQUIRED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	PAN-AM PLATINUM PLAN COVERS ONLY \$100 PER TEST UP TO \$450 PER CAL YR 90000 CODES NOT COVERED NO AUTH NEEDED FOR ANYTHING TEL# (800) 333-2525
INTERNATIONAL PAPER (ADMINS BY WAUSAU BENEFIT INC)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TEL# ON INSURANCE CARD FOR ELIGIBILITY
INTEGRATED HEALTH NETWORK	N/A	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	IHN REF/AUTH LETTER NEEDED	TEL# (877) 302-4693
JACKSONVILLE PLUMBERS & PIPEFITTERS	N/A	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH I NEEDED	YES , AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDUR	YES . AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDUR	YES . AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDUR	NO	NO	NO	NO	NO	YES , AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDUR	NO	NO	YES , AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDUR	NEED AUTH FOR MRI,MRA,CT,PET SCANS, NUCLEAR STUDIES & VASCULAR STUDIES NIA TEL 866-214-1703
JOHN EASTERN-WORKERS COMP	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED DATE OF ACCIDENT & CLAIM# TEL# (941) 907-3100
KAISER PERMANENTE	N/A	DOCTOR REFERRAL REQ	CALL (800) 392-8649 TO VERIFY IF AUTH NEEDED	CALL (800) 392-8649 TO VERIFY IF AUTH NEEDED	CALL (800) 392-8649 TO VERIFY IF AUTH NEEDED	CALL (800) 392-8649 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (800) 392-8649 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR PET SCANS, MRI, MRA & CT*
LOGISTICS HEALTH INC - SEE COMMENTS	N/A	LOGISTICS WILL SCHEDULE THE APPOINTMENT & FAX AN AUTH LETTER TO SIGNET.	LOGISTICS WILL SCHEDULE THE APPOINTMENT & FAX AN AUTH LETTER TO SIGNET.	LOGISTICS HEALTH VOUCHER NEEDED	SIGNET IS CONTRACTED WITH LOGISTICS HEALTH, INC FOR MAMMOGRAMS ONLY. LOGISTICS WILL SCHEDULE THE APPOINTMENT & FAX AN AUTH LETTER TO SIGNET. LOGISTICS IS CONTRACTED WITH DEPT OF DEFENSE TO HANDLE ALL ARRANGEMENTS CALLED MEDICAL RESERVES READINESS. NO PRESCRIPTIONS WILL BE GIVEN/NEEDED. ONLY A VOUCHER. ALL SITES ARE PAR.										SIGNET IS CONTRACTED WITH LOGISTICS HEALTH, INC FOR MAMMOGRAMS ONLY.	
MAGNETIC IMAGING SERVICES	N/A	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	MIS AUTH LETTER NEEDED	SIGNET IS CONTRACTED WITH MAGNETIC IMAGING SERVICES - MIS AUTH LETTER NEEDED FOR ALL PROCEDURES.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
MAIL HANDLERS (FIRST HEALTH NETWORK)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 410-7778
MBS	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-795-1023 (WWW.MBSTPA.COM)
MD MEDICARE CHOICE FORMERLY KNOWN AS PARTNER CARE *MEDICARE HMO*	http://infosource.pensacola.med3000.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NEED AUTH FOR ALL CT, MRI, PET SCANS, NUCLEAR STUDIES* CALL 800-492-9634 FOR AUTH CALL 888-901-9208 FOR ELIGIBILITY
MEDCOM	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	FOR AUTH CALL 800-523-7542 OR 904-596 4500
MEDFOCUS/ WORKERS COMP	N/A	DOCTOR REFERRAL REQ	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	TEL# (310) 828-4472
MEDICA (UNITED HEALTH CARE)	N/A	DOCTOR REFERRAL REQ	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-228-1403 OR 800-458-5512 TO VERIFY ELIGIBILITY & IF AUTHORIZATION IS NEEDED FOR MRI, MRA, CT, PET SCANS & DEXA.
MEDICAL MUTUAL -PHCS	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-530-0621 WWW.MEDMUTUAL.COM
MEDICARE (YEARLY DEDUCTIBLE IS \$ \$162.00 FOR 2011	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	SIGNED ABN FORM NEEDED,SEE COMMENTS/ ENTER MODIFIER GA	NO	NO	NO	SIGNED ABN FORM NEEDED .SEE COMMENTS/ ENTER MODIFIER GA	NO	NO	NO	NO	DEXA TEST CAN BE DONE EVERY 2 YEARS... THEREFORE EVERY PATIENTS MUST SIGN THE ABN FORM... ROUTINE MAMMOS IS COVER EVERY 12 MONTHS... PATIENT ALSO NEED TO SIGN THE ABN FORM FOR ALL ROUTINES MAMMOS.....

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
MEDICARE SEE COMMENTS FOR SKILLED NURSING FACILITY	N/A	DOCTOR REFERRAL REQ SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MUST HAVE PATIENT ADMISSION FORM FROM NURSING FACILITY
MEDICARE RAILROAD (YEARLY DEDUCTIBLE IS \$162.00 FOR 2011)	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	SIGNED ABN FORM NEEDED, SEE COMMENTS/ ENTER MODIFIER GA	NO	NO	SIGNED ABN FORM NEEDED, SEE COMMENTS/ ENTER MODIFIER GA	NO	NO	NO	NO	NO	DEXA TEST CAN BE DONE EVERY 2 YEARS... THEREFORE EVERY PATIENTS MUST SIGN THE ABN FORM... ROUTINE MAMMOS IS COVER EVERY 12 MONTHS... PATIENT ALSO NEED TO SIGN THE ABN FORM FOR ALL ROUTINES MAMMOS....
MEDICAID	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	(800) 289-7799
MEDIPLUS	N/A	DOCTOR REFERRAL REQ		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 247-2192
MEDLINK-WORKERS COMP	N/A	MED LINK REFERRAL	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	MEDLINK AUTH LETTER NEEDED	TEL# (800) 742-7226 MEDLINK AUTH LETTER NEEDED FOR ALL PROCEDURES
MED OPTIONS	N/A	DOCTOR REFERRAL REQ	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	NEED MED OPTIONS REF. SEE COMMENTS	TEL# (800) 969-4965 MED OPTIONS REF/AUTH LETTER NEEDED FOR ALL PROCEDURES
MEDVISON NETWORK-WORKERS COMP	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED CLAIM# & DATE OF ACCIDENT TEL# (800) 434-4941 FAX# (811) 585-5254
MEGA LIFE & HEALTH INS CO.	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 527-5504

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	COMMENTS
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
MERCER ADMINISTRATION (PHCS)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	CALL 800-949-5845 TO VERIFY ELIGIBILITY & AUTH**
(WC) MIDWEST DIAGNOSTIC MANAGEMENT (MDM)	N/A	DOCTOR REFERRAL REQ	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	MDM AUTH LETTER NEEDED	TEL# (866) 636-7226 MIDWEST DIAGNOSTIC MANAGEMENT AUTH LETTER NEEDED FOR ALL PROCEDURES
MORRIS ASSOCIATES (PHCS)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-322-7914 FOR ELIGIBILITY
MOTOROLLA (DIVISON OF HUMANA INS)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 448-3810
MULTIPLAN	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	NO	NO	NO	NO	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	NO	NO	NO	CALL THE NUMBER ON THE INSURANCE CARD TO VERIFY IF AUTH IS NEEDED.. AUTH MAY VARY BY PLAN SPONSOR..
NATIONAL ASBESTOS WORKERS MEDICAL FUND - PHCS-	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-386-3632
NEIGHBORHOOD	www.mynhp.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES	YES	YES	NO	NO	YES	NO	YES	NO	ALL OB SONO & BIOPHYSICAL PROFILES FROM NHP, SEE COMMENTS	NO	NO	TEL# (800) 354-0222 EFE 2/2/09 AUTH NEEDED FROM CARECORE NATIONAL FOR MRI, MRA, CT, CTA, ECHO STRESS TEST (93350, 93351), PETS CANS & ALL NUCLEAR STUDIES. (INCLUDING NUCLEAR CARDIOLOGY) AUTH MUST MATCH THE PROEDURE PERFORMED. CARECORE TEL# 866-242-9546 AUTH IS NEEDED FROM NEIGHBORHOOD FOR ALL OB ULTRASOUND & BIOPHYSICAL PROFILES (76818, 76819) TEL# 800-550-5568
ONE CALL MEDICAL/OCM-WORKER COMP & COMMERCIAL - SEE COMMENTS	N/A	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	ONE CALL AUTH LETTER NEEDED	TEL# (800) 872-2875 - AUTHORIZATION LETTER NEEDED FOR ALL PROCEDURES. CPT MUST MATCH PROCEDURE ORDERED* WORKERS COMP CLAIM# BEGINS WITH "OCM" & HAS AN INJURY DATE ON THE AUTH LETTER. Commercial claim# begins with "GH" & STATES GROUP HEALTH ON THE AUTH LETTER.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																	
INSURANCE CO.	WEBSITE	AUTHORIZATION REQUIRED														COMMENTS	
		REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS	VASCULAR STUDIES		
OPTIMUM HEALTH - - SEE COMMENTS FOR REFERRAL REQUIREMENTS		DOCTOR REFERRAL REQ	YES	YES	YES, AUTH NEEDED FOR MRAS	YES, AUTH NEEDED FOR CTAS	YES	NO	NO	NO	NO	YES	YES	NO	NO	YES	AUTH CALL 888-796-0947 & ELIGIBILITY TEL# (800) 401-2740 - EFF 1/1/2010 FREEDOM HEALTH WILL REQUIRE AN INSURANCE REFERRAL FOR MRI, XRAYS, CT , EKG & ULTRASOUNDS FROM PCP - HANDWRITTEN REFERRAL MUST BE FAXED TO THE INSURANCE. PRE CERTIFICATION IS NEEDED FOR MRA , CTA , MRCP, PET SCANS & ALL NUCLEAR STUDIES, BREAST BIOPSY. no auth or referral is needed for mammograms.
ORCHID MEDICAL	N/A	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES	NEED ORCHID MEDICAL REFERRAL / AUTH LETTER FOR ALL PROCEDURES
PARTNER CARE HAS NEW NAME - MD MEDICARE CHOICE *MEDICARE HMO*	http://infosource.pensacola.med3000.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	NO	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NEED AUTH FOR ALL CT, MRI, PET SCANS, NUCLEAR STUDIES* CALL 800-492-9634 FOR AUTH CALL 888-901-9208 FOR ELIGIBLTY
PORTECK HEALTH NETWORK FORMERLY KNOWN AS ALLRAD DIRECT	N/A	DOCTOR REFERRAL REQ	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED	ALLRAD AUTH LETTER NEEDED. PORTECK HEALTH NETWORK FORMERLY (ALLRAD DIRECT WAS FORMERLY KNOWN AS SIGNET DIRECT
PREFERRED CARE CLAIMS	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, AUTH NEEDED FROM NIA AS OF 7/1/07	YES, AUTH NEEDED FROM NIA AS OF 7/1/07	YES, AUTH NEEDED FROM NIA AS OF 7/1/07	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-999-3920 AUTH NEEDED FROM NIA AS OF 7/1/07 FOR MRI, MRA, CT & PET SCANS**
PROFESSIONAL DIAGNOSTIC MANAGEMENT ** PDM (WC)	N/A	PDM REFERRAL/AUTH LETTER NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PDM REFERRAL NEEDED	PROFESSIONAL DIAGNOSTIC MANAGEMENT REFERRAL/AUTH LETTER NEEDED FOR ALL PROCEDURES TEL# (916) 782-2200
PRINCIPAL LIFE INSURANCE	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-956-3143
PHCS NETWORK (PRIVATE HEALTH CARE SYSTEM)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH REQ. DEPEND ON THE MEMBER PLAN	AUTH IS NEEDED DEPENDING ON THE MEMBER'S PLAN.. NEED TO CALL TEL# ON THE INS CARD.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS	
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES		
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS			
PROGRESSIVE AUTO INSURANCE-NF	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CLAIM# , DATE OF ACCIDENT & POLICY # IS NEEDED TEL# (800) 447-6689	
QUALITY HEALTH PLAN (MEDICARE HMO-REPLACES MEDICARE)	N/A	DOCTOR REFERRAL REQ	YES	YES	YES	YES	YES	NO	NO	YES, ONLY DIANOSTIC MAMMO INCLUDING CAD	YES	YES	YES	NO	NO	AUTH NEEDED FOR MRI, MRA,CT, CTA, PET SCANS, DEXA, DIAGNOSTIC MAMMO INCLUDING THE CAD & ALL NUCLEAR STUDIES AUTHORIZATION TEL# 866-747-2300 FOR ELEG CALL 866-747-2700	
QTC MEDICAL SERVICES - MILITARY PATIENTS	N/A	QTC REF/AUTH LETTER NEEDED	QTC AUTH LETTER NEEDED	QTC AUTH LETTER NEEDED	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	QTC AUTH LETTER	NEED AUTHORIZATION/REFERAL LETTER FROM QTC MEDICAL SERVICES -- TEL# (800) 569-3583	
RAYTEL IMAGING NETWORK **WC**	N/A	DOCTOR REFERRAL REQ	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER	NEED RAYTEL CONFIRMATION LETTER FOR ALL PROCEDURES TEL# 610-831-1112** **FAX# 610-831-1122
RBMS (ALUTIIQ EMPLOYEE BENEFIT PLAN) *FIRST HEALTH NETWORK*	N/A	DOCTOR REFERRAL REQ	YES, CALL 800-827-5058 TO VERIFY IF AUTH NEEDED	YES, CALL 800-827-5058 FOR AUTH	YES, CALL 800-827-5058 FOR AUTH	YES, CALL 800-827-5058 FOR AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	AUTH NEEDED FOR PET SCANS, MRI, MRA ,CT**CALL 800-827-5058 FOR AUTH** **FOR ELIGIBILITY CALL 800-770-3740**	
RSL SPECIALITY PRODUCTS ADMINISTRATION *BEECH STREET*	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH NEEDED CALL 866-375-0775	
RESPONSE INSURANCE (PIP)	N/A	DOCTOR REFERRAL REQ	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	CLAIM NUMBER NEEDED	NEED CLAIM# , POLICY# & DATE OF ACCIDENT TEL# (800) 214-7576	
SECURE HORIZON MEDICARE HMO (ADMINISTERED BY PACIFICARE)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, NEED TO VERIFY WITH INS	YES, NEED TO VERIFY WITH INS	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE HMO PLAN TEL# (866) 579-8811	

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - RADIOLOGY	ULTRASOUND	XRAYS		
SAMBA FIRST HEALTH NETWORK	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, NEED TO VERIFY WITH INS	YES, NEED TO VERIFY WITH INS	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-638-6589 TO VERIFY IF AUTH IS NEEDED ELIGIBILITY TEL# (301) 984-1424
SDS MANAGEMENT NTBAA PLAN (BEECH STREET NETWORK)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 856-374-1599 TO CONFIRM ELIGIBILITY
SEDGWICK *WC*	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 548-1373 OR (800) 822-4469 NEED CLAIM# & DATE OF ACCIDENT
SELF INSURED PLAN, LLC	N/A	DOCTOR REFERRAL REQ	CALL (239) 403-7884 TO VERIFY IF AUTH NEEDED	CALL (239) 403-7884 TO VERIFY IF AUTH NEEDED	CALL (239) 403-7884 TO VERIFY IF AUTH NEEDED	CALL (239) 403-7884 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (239) 403-7884 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR PET SCANS, MRI, MRA, CT
SELECT MRI - WC Select MRI has changed name to NextImage Medical SelectMRI	N/A	DOCTOR REFERRAL REQ	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	SELECT MRI APPOINTMENT LETTER NEEDED	TEL# (866) 747-2261
SMART HEALTH PREMIER	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	DISCOUNT PLAN/ PATIENT NEED TO PAY AT TIME OF SERVICE											TEL# (866) 547-1600	
STATE FARM HEALTH INSURANCE (MEDICAL)	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (866) 855-1212
STATE FARM PIP AUTO	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED CLAIM#, POLICY# & DATE OF ACCIDENT TEL# (800) 285-3792 OR (800) 897-4968

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
STRATEGIC RESOURCES (SRC AN AETNA COMPANY)	N/A	DOCTOR REFERRAL REQ	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (888) 772-9682 FOR ELIGIBILITY & TO VERIFY IF AUTH NEEDED
SHEET METAL WORKERS NAT HEALTH FUND	N/A	DOCTOR REFERRAL REQ	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 866-769-7587
SUMMIT AMERICA INSURANCE	N/A	DOCTOR REFERRAL REQ	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 1-800-301-9128 FOR ELIGIBILITY & TO VERIFY IF AUTH NEEDED FOR PET SCANS
SUMMACARE **PHCS NETWORK**	N/A	DOCTOR REFERRAL REQ	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-996-8701 TO VERIFY ELIGIBILITY & CO PAYMENT INFO*
SUNSHINE STATE HEALTH PLAN - SIGNET NORTH FLORIDA LOCATIONS ARE PAR WITH SUNSHINE AS OF 4/1/10	https://portal.centenesecure.com/portal/public/sshp/welcome/home/provider_home	DOCTOR REFERRAL REQ	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	SIGNET NORTH FLORIDA LOCATIONS ARE PAR WITH SUNSHINE AS OF 4/1/10 - auth is needed from NIA as of 6/1/11 - for CT, CTA, MRI, MRA, PET SCANS.

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										MAMMO	NUCLEAR MEDICINE	NUCLEAR - RADIOLOGY	ULTRASOUND	XRAYS		
TAMKO EMPLOYEE PLAN *BEECH STREET NETWORK*	N/A	DOCTOR REFERRAL REQ	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-343-9778 FOR ELIGIBILITY*NO AUTH NEEDED*
UMWA HEALTH FUND	N/A	DOCTOR REFERRAL REQ	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (888) 865-5290 OR (800) 654-9764
THE PYRAMID LIFE INS COMPANY	N/A	DOCTOR REFERRAL REQ	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	YES. SEE COMMENTS	PREC-CERTIFICATION NEEDED IF THIS IS THE PRIMARY INSURANCE ONLY TEL# # 800-444-0321
TECHHEALTH-WORKERS COMP	N/A	DOCTOR REFERRAL REQ	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	TECH HEALTH AUTH LETTER	(813) 490-1900
TRICARE - STANDARD & PRIME (CHAMPUS)	www.mytricare.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES. SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TRICARE WILL BE ISSUING NEW INSURANCE CARDS THAT WILL NOT HAVE THE SPONSOR'S SS# - SPONSORS SS# IS NEEDED FOR BILLING PURPOSES NEED AUTHORIZATION FOR MRIS & MRAS FOR TRICARE-PRIME PLAN ONLY. TEL# (800) 403-3950 PATIENTS CAN HAVE MAMMOGRAM AT AGES 40 & ABOVE
TRICARE FOR LIFE MEDICARE SUPPLEMENT ONLY	www.mytricare.com	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	ALWAYS SECONDARY TO MEDICARE TEL# (866) 773-0404
TRUE CHOICE USA		DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES. SEE COMMENTS	YES. SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (800) 211-4782 TO VERIFY AUTH

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		
UNITED AMERICAN INSURANCE	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (972) 529-5085
UNITED CHURCH OF GOD GROUP HEALTH	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-649-9121
UNITED HEALTH CARE OF RIVER VALLEY JOHN DEER PLAN	N/A	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	UNITED HEALTH CARE (JOHN DEER PLAN) FOR ELIGIBILITY CALL 800-747-1446
MEDICA (UNITED HEALTH CARE)	N/A	DOCTOR REFERRAL REQ	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	NO	NO	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	CALL 866-745-9920 TO VERIFY IF AUTH NEEDED	NO	NO	CALL 800-228-1403 OR 800-458-5512 TO VERIFY ELIGIBILITY & IF AUTHORIZATION IS NEEDED FOR MRI, MRA, CT, PET SCANS & DEXA.
UNITED HEALTH CARE/ EMPIRE PLAN GOVT	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, NEED AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 942-4640

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					COMMENTS	
										M A M M O	NUCLEAR MEDICIN E	NUCLEAR - CARDIOLOGY	ULTRAS OUND	XRAYS		VASCULAR STUDIES
UNITED HEALTH CARE/BENESIGHT	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 362-1116
EVERCARE (UNITED HEALTH CARE)	UNITEDHEALTHCAREONLINE.COM	DOCTOR REFERRAL REQ	NO	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	NO	NO	NO	NO	NO	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	NO	NO	*Effective March 1st 2010 auth is required for MRI, MRA, CT, CTA, Pet scans & all Nuclear Studies* Tel# 888-666-2570 & 888-507-9352 OR 877-702-5110
UNITED HEALTH CARE/ GOLDEN RULE	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	GOLDEN RULE IS A DIVISION OF UNITED HEALTH CARE. TEL# (317) 297-4189
UNITED HEALTH CARE MEDICARE COMPLETE / SECURE HORIZONS (SEE COMMENTS FOR ADDITIONAL INFO)	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	NO	NO	NO	NO	NO	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	NO	NO	*Effective March 1st 2010 auth is required for MRI, MRA, CT, CTA, Pet scans & all Nuclear Studies* Tel# 888-666-2570 & 888-507-9352 OR 877-702-5110
SECURE HORIZON AARP MEDICARE COMPLETE PLAN	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	NO	NO	NO	NO	NO	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	NO	NO	*Effective March 1st 2010 auth is required for MRI, MRA, CT, CTA, Pet scans & all Nuclear Studies* Tel# 888-666-2570 & 888-507-9352 OR 877-702-5110 ** TEL# 800-643-4845 ** NO AUTH IS NEEDED FOR ALL PROCEDURES ** THIS IS A NEW PLAN EFF 1/1/08 (AARP MEDICARE COMPLETE-REPLACES MEDICARE)
UNITED HEALTHCARE MEDICAID*CHP* FHP PLANS**	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, CALL INS TO VERIFY IF AUTH I NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (888) 216-0015 - VERIFY IF AUTH NEEDED FOR PET SCANS

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					COMMENTS	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS		VASCULAR STUDIES
UNITED HEALTH CARE PPO /EPO	www.unitedhealthcareonline.com	INS REFERRAL NEEDED FOR MRIS' & CTS ONLY	NEED TO CALL WHETHER AUTH IS NEEDED. SEE COMMENTS	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	NO	NO	NO	NO	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	NO	NO	NO	
UNITED HEALTH CARE CHOICE & SELECT PLANS	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	YES, CALL INS TO VERIFY IF AUTH I NEEDED	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	NO	NO	NO	NO	NO	YES, NEED CARECORE NOTIFICATION BY CALLING 866-889-8054	NO	NO	NO	ALL CHOICE PLANS & SELECT PLANS(COMMERCIAL) NEED NOTIFICATION THRU CARECORE DEPARTMENT BY CALLING 866-889-8054/
UNITED HEALTH CARE-AARP	www.unitedhealthcareonline.com	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE SUPPLEMENT -- TEL# (800) 523-5800
UNITED MEDICAL RESOURCES, INC	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	TEL# 800-451-6245
UNITED SELF INSURED SERVICES *USIS*	N/A	DOCTOR REFERRAL REQUIRED	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	NEED USIS AUTH LETTER	TEL# (800) 444-9098 OR (866) 771-8747
US DEPARTMENT OF LABOR (WC)	N/A	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 850-558-1818
US NOW *BEECH STREET NETWORK*	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	CALL TEL# ON INS CARD TO VERIFY IF AUTH IS NEEDED
UNIVERSAL HEALTH CARE LOGO INSURANCE * MASTERPIECE PLUS PLAN, MEDICARE MASTERPIECE	https://www.univhc.com		CALL INS TO VERIFY IF AUTH NEEDED													

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS		
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED							VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR - CARDIOLOGY	ULTRASOUND	XRAYS				
PREMIER PLAN, MEDICARE MASTERPIECE ULTRA PLAN, UNIVERSAL FREEDOM PPO PLAN & <u>U-FIRST -WHICH IS THE MEDICAID PLAN.</u>	EACH LOCATION HAS OWN USER & PASSWORD. PLEASE REFER TO INS. WEBSITE LIST FOR THIS INFO	DOCTOR REFERRAL REQ		YES	YES, ALL MRIS & MRAS	YES, ALL CTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	FOR ELIG CALL 866-690-4842 * SIGNET IS PARTICIPATING WITH THE MEDICAID PLAN AS OF 3/19/09.		
US IMAGING NETWORK	N/A	NO	USI REFERRAL CONFIRMATION LETTER NEEDED	USI REFERRAL CONFIRMATION LETTER NEEDED	USI REFERRAL CONFIRMATION LETTER NEEDED	Signet have a contract with US Imaging Network TPA for all modalities. USI will schedule appointments directly with our facilities. Once the appointment is schedule, USI will send an electronic confirmation with an authorization number for the service.										USI REFERRAL CONFIRMATION LETTER NEEDED		
VELOCITY **WC MANAGED CARE**	N/A	DOCTOR REFERRAL REQ	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTH LETTER	NEED VELOCITY APPOINTMENT CONFIRMATION / AUTHORIZATION LETTER FOR ALL PROCEDURES* TEL# (866) 609-8066
VISTA-MEDICARE, HMOS, PPO, POS	WWW.VISTAHEALTHPLAN.COM	VISTA INS REFERRAL NEEDED	CALL INS TO VERIFY IF AUTH NEEDED	NO	effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR MRA	effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR CTA	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	VISTA REFERRAL IS NEEDED FOR ALL MEDICAID PLAN, HEALTHY KIDS PLAN, MEDICARE PLAN & ALL HMO'S EXCEPT FOR SCREENING MAMMOGRAM & PROCEDURES THAT REQUIRE AN AUTHORIZATION. ALL OTHER PLANS DO NOT REQUIRE A VISTA INSURANCE REFERRAL effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR CTA & MRA TEL# (866) 847-8235	
WATKINS	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 333-3841	
WELLCARE MEDICARE PLAN <u>SEE COMMENTS</u>	WWW.WELLCARE.COM	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED/ 800-351-8777	YES, AUTH NEEDED/ 800-351-8777	YES, AUTH NEEDED/ 800-351-8777	NO	NO	NO	NO	YES, 800-351-8777	NO	NO	NO	NO	EFF: 2/4/08 CALL 888-888-9355 FOR ELIGIBILITY, FOR AUTH CALL 800-351-8777		

REQUIREMENTS TO BILL INSURANCE COMPANIES 2010																COMMENTS
INSURANCE CO.	WEBSITE	REFERRAL REQUIRED	BREAST BIOPSY	PET SCANS	MRA & MRI	CT	DEXA	ECHO	FLUORO	AUTHORIZATION REQUIRED					VASCULAR STUDIES	
										M A M M O	NUCLEAR MEDICINE	NUCLEAR-CARDIOLOGY	ULTRASOUND	XRAYS		
ALL STAYWELL PLANS - & STAYWELL HEALTHY KIDS		DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED FOR MRA'S ONLY. CALL -800-351-8777	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	TEL# (888) 888-9355 (STAYWELL 866-334-7927) (STAYWELL HEALTHY KIDS 866-698-5437) FOR AUTH CALL 800-351-8777-- AS OF 5/1/09 STAYWELL reform plan WILL NO LONGER EXIST IN DUVAL COUNTY PATIENTS NEED TO CALL THEIR INSURANCE TO SELECT ANOTHER PLAN AS OF 5/1/09
WELL CARE HEALTHEASE PLAN. <u>SEE COMMENTS</u>	WWW.WELLCARE.COM	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED FOR MRA'S ONLY. CALL -800-351-8777	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	(HEALTHEASE-800-278-0656) (HEALTHEASE HEALTHY KIDS 800-278-8178) Effective 7/1/09 HEALTHEASE reform plan WILL NO LONGER BE OFFERED IN DUVAL COUNTY (RIVERSIDE, NORTHSIDE, ARLINGTON, SALISBURY)
W.I.N ASSOCIATION HEALTH PLAN (BEECH STREET NETWORK)	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	CALL 713-493-2350 TO VERIFY IF AUTH IS NEEDED	CALL 713-493-2350 TO VERIFY IF AUTH IS NEEDED	CALL 713-493-2350 TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 713-493-2350 TO VERIFY ELIGIBILITY & IF AUTH IS NEEDED FOR PET SCANS, MRI & CT.
WORKERS COMP	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	EMPLOYER INFORMATION AND TELEPHONE NUMBER, CLAIM# & DATE OF ACCIDENT NEEDED
WORLD INSURANCE COMPANY	N/A	DOCTOR REFERRAL REQ	CALL INS TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-786-7557 FOR ELIGIBILITY