



INSURANCE MATRIX 2010

Recent Changes

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

6/1/2010	VISTA/COVENTRY	SEE UPDATES
6/1/2010		
5/13/2010	BCBS	SEE UPDATES
5/13/2010	MEDICA HEALTHCARE	SEE UPDATES
4/1/2010	CITRUS HEALTHCARE	SEE UPDATES
4/1/2010	CAREPLUS	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	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	AUTHORIZATION REQUIRED					COMMENTS
												NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	
21st CENTURY HEALTH & BENEFITS, INC (PHCS)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-951-2440 FOR ELIGIBILITY
ABPA- AMERICAN BENEFITS PLAN ADMIN FIRST HEALTH NETWORK SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL 800-572-5507 TO VERIFY IF AUTH IS NEEDED	CALL 800-572-5507 TO VERIFY IF AUTH IS NEEDED	CALL 800-572-5507 TO VERIFY IF AUTH IS NEEDED	CALL 800-572-5507 TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-572-5507 TO VERIFY IF AUTH IS NEEDED FOR MRI, MRA, CT & PET SCANS CALL (877) 744-5844 OR (800) 959-3953 OR 800-833-3650 TO VERIFY ELIGIBILITY
ACCURATE MEDICAL NETWORK *WC*	N/A	N/A	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED	ACCURATE MEDICAL NETWORK PROCEDURE AUTH LETTER NEEDED FOR ALL PROCEDURES TEL# 877-270-5660
ADIN HEALTHCARE *WC* (ADVANCED DIAGNOSTIC IMAGING NETWORK)	N/A	NO	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	(866) 674-6728
ADVANTRA (MEDICARE HMO)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL 800-546-4603 TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	NO	NO	NO	NO	NO	YES, AUTH NEEDED	NO	NO	NO	MEDICARE HMO AUTH NEEDED FOR PET SCANS, MRIS, MRA'S, CTS & NUCLEAR CARDIOLOGY* CALL 800-546-4603 FOR AUTH
AETNA COMMERCIAL PPO / AUTH REQ FOR PRI /SEC SEE COMMENTS	for elig. www.availity.com or www.aetna.com /For Auth. www.medsolutions.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	CALL 1-888-693-3211 TO VERIFY IF AUTH NEEDED	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	NO	NO	NO	NO	NO	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	NO, AS OF 5/1/05	NO	NO	AUTH REQ FROM MEDSOLUTIONS AS OF 5/1/07 - CALL 1-888-693-3211
AETNA HMO /AUTH REQ FOR PRI/SEC SEE COMMENTS	for elig. www.availity.com or www.aetna.com /For Auth. www.medsolutions.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL SEE COMMENTS	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL SEE COMMENTS	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL SEE COMMENTS	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL SEE COMMENTS	NO	NO	NO	NO	NO	YES, AUTH THRU NIA /AS OF 5/1/07 AUTH IS REQ THRU MEDSOL SEE COMMENTS	NO, AS OF 3/1/05	NO	NO	AS OF 5/1/07 AUTH IS REQ FROM MEDSOLUTION - CALL 1-888-693-3211

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOG Y	ULTRASOU ND	X-RAYS	VASCULAR STUDIES	COMMENTS
AETNA /CHICKERING	for elig. WWW.AVAILTY.COM or WWW.AETNA.COM /For Auth. www.medsolutions.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	CALL 1-888-693-3211 TO VERIFY IF AUTH NEEDED	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	NO	NO	NO	NO	NO	YES, AUTH Thru MEDSOL effect 5/1/2007 SEE COMMENTS	NO	NO	NO	MED SOLUTIONS TEL# 1-888-693-3211
AETNA SRC (STRATEGIC RESOURCES)	WWW.AETNA.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	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	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED FOR NUCLEAR CARDIOLOGY, PET SCANS , CT, MRI & MRA.
AIG COMPANIES / CLAIMS SERVICES NPPN NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	NO	CALL TEL# ON INSURANCE CARD TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH OR REFERRAL IS NEEDED FOR ALL PROCEDURES
AIM HEALTHCARE *PHCS NETWORK*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	NO	CALL TEL# ON INSURANCE CARD TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH NEEDED* CALL (800) 526-3919 FOR ELIGIBILITY
ALTRUA INSURANCE (BEECH STREET)	NEED TO VERIFY ELIGIBILITY BY PHONE	MUST CONFIRM CO-PAYMENT WITH INSURANCE	YES, SEE COMMENTS	CALL 888-244-3839 TO VERIFY IF AUTH NEEDED	YES, SEE COMMENTS	YES, SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED TO CALL INSURANCE TO VERIFY IF AUTH IS NEEDED FOR MRI, CT, PET SCANS... CALL 888-244-3839 FOR VERIFICATION OF ELIGIBILITY & AUTH**
ALLSTATE (PIP)		NEED TO VERIFY ELIGIBILITY BY PHONE	REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (888) 342-6988 NEED CLAIM#, POLICY# & DATE OF ACCIDENT
AMA INS/AGENCY (MEDICARE SUPPLEMENT)		NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	TEL# (800) 458-5736 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 458-5736

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
AMERICA HEALTH CHOICE (AHC) <u>AS OF JULY 20TH, 2007 AMERICA HEALTH CHOICE MEMBERS WERE MOVED TO SECURE HORIZONS ** ALL AMERICA HEALTH CHOICE CLAIMS GO TO SECURE HORIZONS ****</u>	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	INSURANCE REFERRAL NEEDED FOR ALL PROCEDURES SEE COMMENTS		YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED INSURANCE REFERRAL ONLY ** AHC HAS NEW ID# 11 DIGITS <u>AS OF JULY 20TH, 2007 AMERICA HEALTH CHOICE MEMBERS WERE MOVED TO SECURE HORIZONS</u>
AMERICAN INDEPENDENT INSURANCE COMPANY *WC*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REF NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (610) 832-4940 ** FAX# (610) 832-5323 CLAIM# & DATE OF ACCIDENT IS NEEDED
AMO (AMERICAN MARITIME OFFICERS) MEDICAL PLAN SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REF NEEDED	CALL (800) 348-6515 TO VERIFY IF AUTH NEEDED	YES, FROM AMO - CALL (800) 348-6515 FOR AUTH	YES, FROM AMO - CALL (800) 348-6515 FOR AUTH	YES, FROM AMO - CALL (800) 348-6515 FOR AUTH	YES, FROM AMO - CALL (800) 348-6515 FOR AUTH	NO	NO	NO	YES, FROM AMO - CALL (800) 348-6515 FOR AUTH	YES, FROM AMO - CALL (800) 348-6515 FOR AUTH	NO	NO	YES, FROM AMO - CALL (800) 348-6515 FOR AUTH	(800) 348-6515
AMERICAN MEDICAL SECURITY	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (800) 232-5432 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR PET SCANS
AMERICAN PIONEER - MEDICARE SUPPLEMENT	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 456-3880
AMERICAN PROGRESSIVE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL 800-551-6014 TO VERIFY IF AUTH NEEDED	CALL 800-551-6014 TO VERIFY IF AUTH NEEDED	CALL 800-551-6014 TO VERIFY IF AUTH NEEDED	CALL 800-551-6014 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-551-6014 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR PETSCANS, MRI & CT.
AMERIGROUP - SEE COMMENTS FOR PARTICIPATING FACILITIES	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	NO	NO	NO	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	NO	NO	CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED.	MEDICAID PLAN WEST- ALL LOCATIONS ARE PARTICIPATING SOUTH -ALL LOCATIONS ARE PART, EXCEPT FOR SOUTH FLORIDA PLANTATION ***** MEDICARE ADVATAGE PLAN- SOUTH AND WEST ARE PARTICIPATING AS OF 12/21/2009 CALL 800-454-3730 TO VERIFY IF AUTH IS NEEDED FOR NUCLEAR CARDIOLOGY, VASCULAR STUDIES, PET SCANS, MRI MRA FOR AUTH CALL 800-454-3730.

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
APWU	For Auth www.medsolutions.com	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TEL# ON INSURANCE CARD TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	YES, ALL MRIs & MRAs THRU MED SOLUTION	YES, ALL CTS THRU MED SOL	NO	NO	NO	NO	NO	YES ONLY CARBOLYTE & STRESS THALLIUM THRU MED SOLUTION	NO	NO	NO	FOR AUTHORIZATIONS CALL MED SOLUTIONS AT 1-888- 693- 3295 OR 3211 AUTH NEEDED FROM MEDSOLUTIONS FOR PRIM & SEC*
ASSURANT HEALTH PHCS NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL (800) 922-4362 TO VERIFY IF AUTH IS NEEDED	CALL (800) 922-4362 TO VERIFY IF AUTH IS NEEDED	CALL (800) 922-4362 TO VERIFY IF AUTH IS NEEDED	CALL (800) 922-4362 TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	CALL (800) 922-4362 TO VERIFY IF AUTH IS NEEDED	CALL (800) 922-4362 TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	CALL (800) 922-4362 TO VERIFY IF AUTH IS NEEDED FOR PET SCANS, MRI, MRA, CT & NUCLEAR STUDIES.
AXA ASSISTANCE PANAMA AREA BENEFIT PLAN	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 800-424-8196 TO VERIFY IF AUTH NEEDED	YES, CALL 800-424-8196 FOR AUTH	YES, CALL 800-424-8196 FOR AUTH	YES, CALL 800-424-8196 FOR AUTH	NO	NO	NO	NO	YES, CALL 800-424-8196 FOR AUTH	YES, CALL 800-424-8196 FOR AUTH	NO	NO	NO	AUTH NEEDED FOR ALL PET SCANS, CT, MRI, MRA & ALL NUCLEAR STUDIES CALL 800-424-8196 FOR AUTH
AVALON HEALTHCARE SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 866-469-2347 TO VERIFY IF AUTH NEEDED	YES, CALL 866-469-2347 FOR AUTH	YES, CALL 866-469-2347 FOR AUTH	YES, CALL 866-469-2347 FOR AUTH	NO	NO	NO	NO	YES, CALL 866-469-2347 FOR AUTH	YES, CALL 866-469-2347 FOR AUTH	NO	NO	NO	CALL 866-469-2347 FOR AUTH & TO VERIFY ELIGIBILITY
AVMA	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 621-6360 FOR ELIGIBILITY VERIFY IF AUTH NEEDED FOR PET SCANS
AVMED SEE COMMENTS FOR AUTH EFF JULY 1, 2008	WWW.AVMED.ORG OR WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	CALL INSURANCE TO VERIFY IF AUTH NEEDED	YES, AUTH IS REQ FOR EACH CPT & MUST MATCH SEE COMMENTS	YES, AUTH IS REQ FOR EACH CPT & MUST MATCH SEE COMMENTS	YES, AUTH IS REQ FOR EACH CPT & MUST MATCH SEE COMMENTS	NO	NO	NO	NO	NO	YES, AS OF 6/10/07 NEED AUTH- MUST MATCH EACH CPT ORDERED	NO	NO	NO	EFFECTIVE JULY 1, 2008 AUTH IS NEEDED FROM CARECORE FOR ALL MRI, MRA, CT, PET SCANS & NUCLEAR STUDIES. CALL C/CORE @ 866-665-8323 . ALL AUTHORIZED PROCEDURES NEED TO MATCH THE CPT CODE ORDERED/PERFORMED.
BANKERS FIDELITY LIFE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE SUPPLEMENT TEL # (800) 241-1439
BANKERS LIFE & CASUALTY (MEDICARE SUPPLEMENT)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE SUPPLEMENT TEL# (312) 396-6000

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
BEECH STREET LOGO INS CARD	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TEL# ON PATIENT'S INSURANCE CARD TO VERIFY IF AUTH IS NEEDED FOR PET SCANS & ELIGIBILITY
BENEFIT SERVICES (DIMENSION PLUS LOGO) & BEECH STREET LOGO	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 367-3762
BEST CHOICE PLUS HEALTH PLAN (N.BROWARD HOSPITAL DISTRICT)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 954-767-5500
BLUE CROSS & BLUE SHIELD -ADVANTAGE 65 (SECONDARY ONLY-PT MUST HAVE MCR AS PRIMARY)	WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 926-6565
BLUE CROSS & BLUE SHIELD BLUE OPTIONS SEE COMMENTS	WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, CALL INSURANCE TO VERIFY IF AUTH IS 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	YES, AS OF 7/1/07	YES, AS OF 7/1/07	NEED AUTH ONLY FOR OBSONO (CPT 76801-76817) THRU BCBS	NO	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 BLUE OPTIONS PLAN NEED AUTH AS OF 7/1/07 FROM NIA FOR PET SCANS, MRI, MRA, CT NIA TEL# 866-326-6302 AUTH NEEDED FROM BCBS ONLY IF ADDITIONAL DEXA IS DONE IN 1 YEAR
BLUE CROSS & BLUE SHIELD FEDERAL GOV'T PLAN	WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 CALL NIA TO VERIFY IF AUTH IS NEEDED FOR ALL MRI, MRA, CT, PET SCANS & ALL NUCLEAR STUDIES NIA TEL # 866-326-6302

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOG Y	ULTRASOU ND	X-RAYS	VASCULAR STUDIES	COMMENTS
BLUE CROSS & BLUE SHIELD / HEALTH OPTIONS "HMO" SEE COMMENTS	WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH Thru NIA, call 866-326-6302	YES, AUTH Thru NIA, call 866-326-6302	YES, AUTH Thru NIA, call 866-326-6302	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 call 866-326-6302	NEED AUTH ONLY FOR OBSONO (CPT 78001-78817) call 866-326-6302	NEED AUTH FOR HYSTEROSALPINGOGRAM & BONE AGE STUDY ONLY, call 866-326-6302	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 EFF JUNE 1ST 2007 FOR AUTHORIZATIONS CALL NIA TELEPHONE IS 866-326-6302 AUTH NEEDED FROM BCBS FOR DEXA ONLY IF ADDITIONAL DEXA IS DONE IN 1 YEAR
BLUE CROSS & BLUE SHIELD OUT STATE	WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL TEL# ON INSURANCE & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL TEL# ON INSURANCE & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL TEL# ON INSURANCE & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL TEL# ON INSURANCE & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL TEL# ON INSURANCE & VERIFY IF AUTH IS NEEDED	NO	NO	NO	YES, NEED TO CALL TEL# ON INSURANCE & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL TEL# ON INSURANCE & VERIFY IF AUTH IS NEEDED	NO	NO	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 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 OF FL. PPO & TRADITIONAL PLAN	WWW.AVAILITY.COM	YES NEED WEB SITE ELEG PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 CALL NIA TO VERIFY IF AUTH IS NEEDED FOR ALL MRI, MRA, CT, PET SCANS & ALL NUCLEAR STUDIES NIA TEL # 866-326-6302
BLUE CROSS & BLUE SHIELD PPO (ONLY IF P.O BOX 43357 JACKSONVILLE FL)	WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 BILL CLAIM CENTER # 372 (IF P.O BOX 43357 JACKSONVILLE FL, 32203 (800-654-1799) CALL NIA TO VERIFY IF AUTH IS NEEDED FOR ALL MRI, MRA, CT, PET SCANS & ALL NUCLEAR STUDIES NIA TEL # 866-326-6302
BLUE CROSS & BLUE SHIELD STATE EMPLOYEE GROUP/NASCO	WWW.AVAILITY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 NASCO STATE EMPLOYEE (PREFIX - XJH) CALL NIA TO VERIFY IF AUTH IS NEEDED FOR ALL MRI, MRA, CT, PET SCANS & ALL NUCLEAR STUDIES NIA TEL # 866-326-6302
BLUE CROSS OF MISSISSIPPI	N/A	CALL FOR ELIG BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, ALL PET SCANS	YES, ALL MRI & MRAS, SEE COMMENTS	YES, ALL CTS - SEE COMMENTS	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	WEST FLORIDA IS NOT CONTRACTED TO DO NUCLEAR STUDIES & PET SCANS. EFF 5/15/10 FOR ELIG CALL 800-709-7881 / AUTH IS NEEDED FOR ALL PET SCANS, MRIS AND CTS EXCEPT FOR MRI & CT OF THE HEAD... FOR AUTH CALL 800-523-8739
BRMS (BENEFIT RISK MGMT SVCS) FIRST HEALTH NETWORK - SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL 866-772-8457 TO VERIFY IF AUTH NEEDED, DEPENDS ON PT PLAN	CALL 866-772-8457 TO VERIFY IF AUTH NEEDED, DEPENDS ON PT PLAN	CALL 866-772-8457 TO VERIFY IF AUTH NEEDED, DEPENDS ON PT PLAN	CALL 866-772-8457 TO VERIFY IF AUTH NEEDED, DEPENDS ON PT PLAN	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-772-8457 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR MRI, CT & PET SCANS, DEPENDS ON PT PLAN
BROWARD COUNTY RISK MANAGEMENT WC	N/A	NO	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (954) 357-7200 NEED CLAIM# & DATE OF ACCIDENT

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
BOON CHAPMAN (PHCS)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-211-4782 TO VERIFY ELIGIBILITY
CADENT UNDERWRITERS SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-486-4525 TO VERIFY ELIGIBILITY
CALIFORNIA CASUALTY PIP	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED CLAIM # , POLICY # & DATE OF INJURY/ACCIDENT - TEL# (800) 346-6840
CARE ACCESS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (305) 614-5050
CARE IQ/ AKA ANCICARE**WC & COMMERCIAL**	N/A	NO	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# (800) 414-4674
CARE PLUS SEE COMMENTS FOR AUTH / REF REQUIREMENTS BY REGION	N/A	YES, THE REF# SHOWING ON THE CARE PLUS REF IS THE AUTH NUMBER	CARE PLUS REF NEEDED, ELECTRONIC# & CPT CODE HAS TO MATCH AS SHOWING ON THE REFERRAL ** SEE COMMENTS	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	YES, THE REF# SHOWING IN THE CARE PLUS REF IS THE AUTH NUMBER	WEST FLORIDA: CAREPLUS AUTH/REFERRAL REQUIRED FOR ALL PET SCANS, SPECT & MRA's - cpt must match procedure ordered/performed. SOUTH FLORIDA: CARE PLUS REFERRAL IS NEEDED FOR ALL PROCEDURES - cpt must match procedure ordered/performed.
CARPENTER CONTRACTORS OF AMERICA, INC (BEECH STREET)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL3 (800) 877-1444
CAPELLA GROUP	N/A	NO	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 888-441-3888

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
CBCA	N/A	NO	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-255-5541 TO VERIFY AUTH & ELIGIBILITY
CELTIC INDIVIDUAL HEALTH -(PHCS)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 877-654-1375 & VERIFY IF AUTH IS NEEDED	YES, CALL 877-654-1375 & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	800-477-7870 TO VERIFY ELIGIBILITY*
CENTURY HEALTHCARE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 888-441-1995 FOR ELIGIBILITY
CEMENT & CONCRETE WORKERS *MULTIPLAN*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (718) 762-6133
CIGNA HMO	FOR ELIGIBILITY, www.cignaforhcp.cigna.com OR www.availity.com ** TO VERIFY AUTH www.RadMD.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	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	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 AS OF 6/1/07 SEE COMMENTS	NO AS OF 6/1/07 SEE COMMENTS	NO AS OF 6/1/07 SEE COMMENTS	NO	NO	AS OF 6/1/07 AUTH IS NEEDED FOR PET SCAN, MRI, MRA, CT FROM NIA NIA 1-866-214-1703 A SEPARATE AUTH # IS REQUIRED FOR EACH PROCEDURE ORDERED.
CIGNA PPO	FOR ELIGIBILITY, www.cignaforhcp.cigna.com OR www.availity.com ** TO VERIFY AUTH www.RadMD.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	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	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 AS OF 6/1/07 SEE COMMENTS	NO AS OF 6/1/07 SEE COMMENTS	NO AS OF 6/1/07 SEE COMMENTS	NO	NO	AS OF 6/1/07 AUTH IS NEEDED FOR PET SCAN, MRI, MRA, CT FROM NIA NIA 1-866-214-1703 A SEPARATE AUTH # IS REQUIRED FOR EACH PROCEDURE ORDERED.
CITRUS HEALTHCARE (MEDICAID PLAN) SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	EFFECTIVE 11/01/09 AUTH IS NEEDED FROM MEDSOLUTIONS FOR MRI & CT'S , PET SCANS, NUCLEAR CARDIOLOGY AND ULTRASOUND. MEDSOLUTION TEL# 888-693-3211.

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
CITRUS HEALTHCARE (MEDICARE HMO PLAN) SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES	YES	NO	NO	NO	NO	YES	YES	YES	NO	NO	EFFECTIVE 11/01/09 AUTH IS NEEDED FROM MEDSOLUTIONS FOR MRI & CT'S , PET SCANS, NUCLEAR CARDIOLOGY AND ULTRASOUND. MEDSOLUTION TEL# 888-693-3211.
CITRUS HEALTHCARE (EVOLUTIONS) SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES	YES	NO	NO	NO	NO	YES	YES	YES	NO	NO	EFFECTIVE 11/01/09 AUTH IS NEEDED FROM MEDSOLUTIONS FOR MRI & CT'S , PET SCANS, NUCLEAR CARDIOLOGY AND ULTRASOUND. MEDSOLUTION TEL# 888-693-3211.
CITRUS HEALTHCARE MEDICARE SUPPLEMENT	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-769-1158 FOR ELIGIBILITY*
CITY FURNITURE			CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED	CITY FURNITURE AUTH LETTER NEEDED FOR ALL PROCEDURES
CONNECT CARE (THE JP FARLEY CORPORATION) PHCS NETWORK SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	CALL CONNECT CARE FOR ELIGIBILITY AT (877) 333-6424 * NEED TO VERIFY IF AUTH IS NEEDED FOR PET SCANS, MRI, MRA, CT, NUCLEAR STUDIES & ULTRASOUNDS FOR AUTH CALL 888-646-2429*
CONSOLIDATED HEALTH PLANS FIRST HEALTH NETWORK SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-633-7867 FOR ELIGIBILITY
CORSOLUTIONS MEDICAL INC (COR)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-423-1841
COVENTRY HEALTH CARE OF GEORGIA SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL 800-470-2004 TO VERIFY IF AUTH NEEDED	CALL 800-470-2004 TO VERIFY IF AUTH NEEDED	CALL 800-470-2004 TO VERIFY IF AUTH NEEDED	CALL 800-470-2004 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-470-2004 TO VERIFY IF AUTH NEEDED FOR MRI, MRA, PET SCANS & CT.
COVENTRY HEALTH CARE SEE COMMENTS FOR OTHER COVENTRY PLANS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED, SEE COMMENTS	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED, SEE COMMENTS	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED, SEE COMMENTS	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED, SEE COMMENTS	NO	NO	NO	NO	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED, SEE COMMENTS	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED, SEE COMMENTS	NO	NO	NO	HEALTH ASSURANCE - TEL# 800-669-2202 FOR AUTH FOR MRMRA,CT,PET SCANS GHP - CALL 800-546-4603 TO VERIFY IF AUTH NEEDED FOR MRI, MRA, CT, PET SCANS

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
COVENTRY HEALTHCARE HEALTH ASSURANCE CLAIMS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED. SEE COMMENTS	CALL 800-669-9984 FOR AUTH	CALL 800-669-9984 FOR AUTH	CALL 800-669-9984 FOR AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-669-9984 FOR AUTH FOR PET SCANS, MRI, MRA, CT HEALTH ASSURANCE
CROSS AMERICA HEALTH PLAN	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TEL# GIVEN ON CARD TO VERIFY IF AUTH NEEDED. SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-302-7332 FOR ELIGIBILITY
DALRC (HARTFORD) RETREEE MEDICAL INS	N/A	NO	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (877) 325-7265
DEFINTY HEALTH (UHC NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	CALL 866-333-4648 FOR ELIGIBILITY AND AUTH
<u>(DIMENSION PLUS LOGO)</u> BENEFIT SERVICES SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 367-3762
DIVERSIFIED GROUP ADMINISTRATORS (PHCS)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ		YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-221-8490 FOR ELIGIBILITY
EMPLOYEE BENEFIT CONSULTANTS -EBC	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (877) 710-1128 OR (800) 572-2525

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
EVOLUTIONS LOGO INSURANCE CARDS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	EFF 11/21/06 DOS /BILL THIS CLAIM CENTER FOR ALL INMATES FOR FLORIDA	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TEL# ON INSURANCE CARD TO VERIFY ELIGIBILITY
FARA BENEFIT SERVICES *PHCS*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL # 800-224-3272
FEDERATED INSURANCE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 800-533-0472 TO VERIFY IF AUTH NEEDED	YES, CALL 800-533-0472 FOR AUTH	YES, CALL 800-533-0472 FOR AUTH	YES, CALL 800-533-0472 FOR AUTH	NO	NO	NO	NO	NO	YES, CALL 800-533-0472 FOR AUTH	NO	NO	NO	CALL 800-533-0472 FOR AUTH & ELIGIBILITY
FFVA MUTUAL INS CO **WC**	N/A	NO	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED CLAIM# & INJURY DATE FOR ALL WORKERS COMP TEL# (800) 226-0666
FHA-TPA	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 707-0501
FIRST ADMINISTRATORS *PHCS*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL 877-457-2137 TO VERIFY IF AUTH IS NEEDED.	YES, NEED TO CALL 877-457-2137 TO VERIFY IF AUTH IS NEEDED.	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 877-457-2137 TO VERIFY ELIGIBILITY
FIRST CARE HEALTH PLANS *PHCS NETWORK*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED, SEE COMMENTS	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED, SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-240-3270 FOR ELIGIBILITY & TO VERIFY IF AUTH NEEDED FOR PET SCANS
FIRST HEALTH NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH NEEDED	CALL TO VERIFY IF AUTH NEEDED	CALL TO VERIFY IF AUTH NEEDED	CALL TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	CALL TO VERIFY IF AUTH NEEDED	CALL TO VERIFY IF AUTH NEEDED	NO	NO	NO	CALL TEL# SHOWING ON CARD TO VERIFY IF AUTH IS NEEDED FOR MRI, MRA, CT, PET SCANS & NUCLEAR STUDIES
FIRST SERVICE ADMINISTRATORS (MULTIPLAN)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH NEEDED	YES, AUTH IS NEEDED	YES, AUTH IS NEEDED	YES, AUTH IS NEEDED	NO	NO	NO	NO	YES, AUTH IS NEEDED	YES, AUTH IS NEEDED	NO	NO	NO	FOR ELIGIBILITY CALL 800-226-3155 NEED AUTH FOR MRI, MRA, CT, PET SCANS, NUCLEAR MEDICINE CALL 888-594-9008 FOR AUTH
FIRST UNITED AMERICAN (MEDICARE SUPPLEMENT)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (315) 451-2544

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
FISERV HEALTH HAVE DIFFERENT NETWORKS SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH NEEDED	YES, AUTH IS NEEDED	YES, AUTH IS NEEDED	YES, AUTH IS NEEDED	NO	NO	NO	NO	YES, AUTH IS NEEDED	YES, AUTH IS NEEDED	NO	NO	NO	CALL 800-842-8610 FOR AUTH
FLORIDA HEALTH ADMINISTRATORS -FHA-TPA DIVISION	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 707-0501
FLORIDIAN CARE PLUS (AMERICAN PIONEER MEDICARE HMO)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	MEDICARE HMO. TEL# (866) 553-0320
FORTIS INSURANCE COMPANY PHCS NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 553-7654 OR (800) 421-5501
FREEDOM 1ST - (MEDICAID PLAN) - SEE COMMENTS FOR REFERRAL REQUIREMENTS	www.freedomhealth.com	YES	DOCTOR REFERRAL REQ	YES	YES	YES, AUTH NEEDED FOR MRAS	YES, AUTH NEEDED FOR CTAS	YES	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, X-RAYS, ULTRASOUNDS & CT. PRE CERTIFICATION IS NEEDED FOR PET SCANS, MRCP, MRA, CTA & ALL NUCLEAR STUDIES.
FREEDOM HEALTH - (MEDICARE PLAN) - SEE COMMENTS FOR REFERRAL REQUIREMENTS	www.freedomhealth.com	YES	DOCTOR REFERRAL REQ	YES	YES	YES, AUTH NEEDED FOR MRAS	YES, AUTH NEEDED FOR CTAS	YES	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 X-RAYS 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.
FRONTIER MEDICAL AKA MED DIVISION (WORKERS COMP)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	AUTHORIZATION NEEDED FROM FRONTIER MEDICAL (13 DIGIT AUTH#) FOR ALL PROCEDURESFOR - CALL 800-434-4941
GALLAGHER BENEFIT ADMINISTRATORS,INC	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	CALL TO VERIFY IF AUTH IS NEEDED	CALL TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	FOR PRE-CERTIFICATION CALL # 800-538-5222 TO VERIFY ELIGIBILITY CALL 866-265-2112
GALWAY MEDICAL FUNDING	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	NEED GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION / AUTH LETTER	TEL# (757) 412-1122 GALWAY MEDICAL FUNDING APPOINTMENT CONFIRMATION & AUTH LETTER NEEDED FOR ALL PROCEDURES
GEHA	TO CHECK AUTH www.medsolutions.com	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL TO VERIFY IF AUTH NEEDED	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	NO	NO	NO	NO	NO	AUTH NEEDED FROM MEDSOLUTION	NO	NO	NO	MED SOLUTIONS TEL# 888-693-3296

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOG Y	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
GENEX WC	N/A	NO	DOCTOR REFERRAL REQ	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	NEED GENEX AUTHREF FORM, SEE COMMENTS	TEL# (315) 699-4550 OR (954) 355-5993
GHI PPO ONLY / SIGNET IS NOT CONTRACTED WITH HMO PLAN	FOR ELIG. WWW.GHL.COM/ FOR AUTH. WWW.CARECORE NATIONAL.COM	YES NEEDWEB-ELIG PRINT OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL TO VERIFY IF AUTH NEEDED	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO	NO	NO	SIGNET IS NOT CONTRACTED WITH GHI HMO PLAN - ONLY PPO PLAN AUTH NEEDED FROM CARECORE FOR MRI, MRA, CT, PET SCANS & ALL NUCLEAR STUDIES TEL# (800) 358-5500
GLOBAL MEDICAL MANAGEMENT, INC (PHCS NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	NEED REF / AUTH LETTER FROM GMMI	AUTH / REF NEEDED FOR ALL PROCEDURES*** CALL 800-694-6554 FOR AUTH***
GREAT WEST/ MEDSOLUTION	www.medsolutions.com	CHECK ELIG BY PHONE WITH GREAT WEST INS DIRECT	DOCTOR REFERRAL REQ	YES, NEED TO CALL TO VERIFY IF AUTH NEEDED	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	AUTH NEEDED FROM MEDSOLUTION	NO	NO	NO	NO	NO	NO	NO	NO	NO	MED SOLUTION PHONE # 888- 693-3296
GROUP & PENSION	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 972-744-2486 TO VERIFY ELIGIBILITY
HARVARD PILGRIM HPHC	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NEED TO CALL TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	*CALL TEL# GIVEN ON INS CARD FOR ELIGIBILITY*
HCCUA (HEALTH CARE CREDIT UNION ASSOCIATION) *BEECH STREET*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NEED TO CALL TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-225-8415 (OR 866-522-7487 OR 866-227-5400)
HEALTH ASSURANCE COVENTRY HEALTHCARE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NEED TO CALL TO VERIFY IF AUTH NEEDED	CALL 800-669-9984 FOR AUTH	CALL 800-669-9984 FOR AUTH	CALL 800-669-9984 FOR AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-669-9984 FOR AUTH FOR PET SCANS, MRI, MRA, CT
HEALTHLEASE -- SEE COMMENTS	N/A	VERIFY ELIGIBILITY ON WEBSITE	DOCTOR REFERRAL REQ	NEED TO CALL TO VERIFY IF AUTH NEEDED	AUTH NEEDED FOR MRA'S ONLY CALL 800-278-0656 FOR AUTH	NEED AUTH FOR PET SCANS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	AUTH NEEDED FOR ALL PET SCANS, SPECT, MRA'S CALL (800) 278-0656 FOR AUTH Effective 5/1/09 HEALTHLEASE reform plan WILL NO LONGER BE OFFERED IN BROWARD COUNTY (PEMBROKE PINES, FT LAUDERDALE, PLANTATION & CORAL SPRINGS) & DUVAL COUNTY

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
HEALTHEASE HEALTHY KIDS - SEE COMMENTS	N/A	VERIFY ELIGIBILITY ON WEBSITE	DOCTOR REFERRAL REQ	NEED TO CALL TO VERIFY IF AUTH NEEDED	AUTH NEEDED FOR MRA'S ONLY CALL 800-278-0656 FOR AUTH	NEED AUTH FOR PET SCANS	NO	NO	NO	NO	NO	YES, AUTH NEEDED, CALL (800) 278-0656	YES, AUTH NEEDED, CALL (800) 278-0656	NO	NO	NO	AUTH NEEDED FOR ALL PET SCANS, SPECT, MRA'S CALL (800) 278-0656 FOR AUTH Effective 5/1/09 HEALTHeASE reform plan WILL NO LONGER BE OFFERED IN BROWARD COUNTY (PEMBROKE PINES, FT LAUDERDALE, PLANTATION & CORAL SPRINGS) & DUVAL COUNTY
HEALTHLINK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	NEED TO CALL TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (800) 624-2356 FOR ELIGIBILITY
HEALTH NET INSURANCE CARD* (WITH MULTIPLAN LOGO)**	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	FOR AUTH CALL TEL# ON THE INSURANCE CARD
HEALTH NET PPO (WITH FIRST HEALTH LOGO*)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	** OUT OF STATE PPO PLAN ** ** NO REF OR AUTH IS REQUIRED ** CALL 1-800-641-7761 TO VERIFY ELIGIBILITY **
HEALTH SMART-BEECH STREET	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 687-0500
HEALTH PLAN INC	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-532-7575 TO VERIFY ELIGIBILITY*
HMA DIRECT BENEFITS CONSULTING GROUP (FIRST HEALTH NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, CALL 866-940-7373	YES, CALL 866-940-7373	YES, CALL 866-940-7373	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-940-7373 FOR AUTH & 617-581-6655 FOR ELIGIBILITY
HUMANA -HMO ALL PLANS (CHECK WEB FOR CO-PAY INFORMATION) SEE COMMENTS	WWW.HUMANA.COM OR WWW.AVAILTY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	HUMANA INS REF NEEDED FOR DEXA, ECHO, FLUORO, Diagnostic MAMMO, ULTRASOUND, X-RAYS & VASCULAR STUDIES	YES, 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	EFF APRIL 1ST, 2007 HUMANA WILL NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR CARDIOLOGY ** CALL 866-825-1550 * <u>HUMANA INS REF NEEDED FOR ALL PROCEDURES THAT DO NOT REQUIRE AUTH.</u>
HUMANA -FAMILY (MEDICAID PLAN) SEE COMMENTS	WWW.HUMANA.COM OR WWW.AVAILTY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	HUMANA INS REF NEEDED FOR DEXA, ECHO, FLUORO, MAMMO, ULTRASOUND, X-RAYS & VASCULAR STUDIES	YES, 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	EFF APRIL 1ST, 2007 HUMANA WILL NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR CARDIOLOGY ** CALL 866-825-1550 * HUMANA FAMILY IS THE MEDICAID HMO . HUMANA INS REF NEEDED FOR ALL PROCEDURES THAT DO NOT REQUIRE AUTH

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
HUMANA OPEN ACCESS	WWW.HUMANA.COM OR WWW.AVAILTY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REF NEEDED	YES, 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	EFF APRIL 1ST, 2007 HUMANA WILL NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR CARDIOLOGY ** CALL 866-825-1550
HUMANA PPO/OPEN ACCESS	WWW.HUMANA.COM OR WWW.AVAILTY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, 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	EFF APRIL 1ST, 2007 HUMANA WILL NEED AUTH FROM RAD CONSULT (ALSO CALLED HEALTHHELP) FOR MRI, MRA, PET SCANS & NUCLEAR CARDIOLOGY ** CALL 866-825-1550 *
HUMANA-MOTOROLA	WWW.HUMANA.COM OR WWW.AVAILTY.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 448-3810
IMG /FIRST HEALTH NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 628-4664
INTEGRATED HEALTH NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (877) 302-4693
IBA (INTERNATIONAL BENEFITS ADMINISTRATORS) SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-422-7617 X 246 OR 516-739-1060 TO VERIFY ELIGIBILITY , AUTH
JACKSONVILLE PLUMBERS & PIPEFITTERS	N/A	CHECK ELIGIBILITY BY PHONE	N/A	YES, NEED TO CALL & VERIFY IF AUTH IS 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	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	YES , AS OF 6/1/07 NEED AUTH THRU NIA BY CALLING 866-214-1703 FOR EACH PROCEDUR	AS OF 6/1/07 NEED AUTH FOR MRMRACT.PET SCANS, NUCLEAR STUDIES & VASCULAR STUDIES THRU NIA BY CALLING 866-214-1703
JMH HEALTH PLAN BEECH STREET NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-721-2993 FOR ELIGIBILITY

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
JOHN EASTERN-WORKERS COMP	N/A	NO	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED CLAIM# & INJURY DATE FOR ALL WORKERS COMP TEL# (800) 749-3044
J.W. TERRILL BENEFIT ADMINISTRATORS (BEECH STREET NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH NEEDED FOR ALL PROCEDURES CALL 800-467-5982 FOR ELIGIBILITY
KAISER PERMANENTE *PHCS* SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES CALL 800-221-2412 TO VERIFY IF AUTH NEEDED	YES CALL 800-221-2412 FOR AUTH	YES CALL 800-221-2412 FOR AUTH	YES CALL 800-221-2412 FOR AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	AUTH NEEDED FOR CT, MRM/MRA,PET SCANS - CALL 800-221-2412 FOR AUTH & 404-261-2590 FOR ELIGIBILITY
LIFELINE SCREENING OF AMERICA (PHCS NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH NEEDED FOR ALL PROCEDURES CALL 800-456-4002 FOR ELIGIBILITY
LOCAL 282 (MULTIPLAN- SEE COMMENTS)	N/A	NEED TO VERIFY ELIG WITH LOCAL 282 DIRECT	DOCTOR REFERRAL REQ	YES FROM MEDLINK, SEE COMMENTS	YES FROM MEDLINK, SEE COMMENTS	YES FROM MEDLINK, SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (516) 488-2822
LUMENOS <u>PHCS</u>	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (866) 835-6862
MAIL HANDLERS (FIRST HEALTH NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 410-7778
MASTER, MATES & PILOTS HEALTH INS (FIRST HEALTH NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	<u>TEL # 410-850 8500</u>
MDM 19065 HICKORY CREEK DR (WC)	N/A	NO	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	MDM AUTHLETTER	TEL# (866) 636-7226 - NEED MIDWEST DIAGNOSTIC MANAGEMENT AUTH LETTER FOR ALL PROCEDURES
MD MEDICARE CHOICE FORMERLY KNOWN AS PARTNER CARE (MEDICARE REPLACEMENT)	http://infosource.pensacola.med3000.com	NO	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	AUTH NEEDED FOR ALL PET SCANS, MRIS, MRA'S, CTS, VASCULAR STUDIES& ALL NUCLEAR PROCEDURES -- CALL (800) 492-9634 FOR AUTH*

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOG Y	ULTRASOU ND	X-RAYS	VASCULAR STUDIES	COMMENTS
MEDFOCUS/ WORKERS COMP	N/A	NO	MEDFOCUS REFERRAL NEEDED	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	NEED MED FOCUS REF/AUTH LETTER	TEL# (800) 398-8999
MEDICA HEALTHCARE PLANS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA	SIGNET SOUTH FLORIDA LOCATIONS ONLY ARE PARTICIPATING - NEED MEDICA REF FOR ALL PROCEDURES. Auth needed for mri, Mra, Ct, Cta, ultrasounds & all Nuclear studies. WEST FLORIDA LOCATIONS ARE NOT PARTICIPATING WITH MEDICA
MEDICA (UNITED HEALTH CARE NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED.	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-745-9920 OR 800-228-1403 TO VERIFY IF AUTH IS NEEDED FOR MRIS, CTS, PET SCANS.
MEDICCLASSIC	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH OR REF IS NEEDED FOR ALL PROCEDURES TEL# (305) 569-0207
MEDICARE (YEARLY DEDUCTIBLE IS \$ 155.00 FOR 2010)	N/A	NEED TO CHECK ELIG BY PHONE AND COMPLETE FORM	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	DEXA TEST CAN BE DONE EVERY 2 YEARS ROUTINE MAMMOS IS COVER EVERY 12 MONTHS...
MEDICARE - SEE COMMENTS FOR SKILLED NURSING FACILITY	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	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 \$155.00 FOR 2010)	N/A	NEED TO CHECK ELIG BY PHONE AND COMPLETE FORM	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	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....

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
MEDICAID **SEE COMMENTS FOR TAMPA**	N/A	NEED TO CHECK MEDICAID ELIG BY PHONE	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	SIGNET DOES NOT PARTICIPATE WITH MEDICAID
MEDICAL MUTUAL FIRST HEALTH & PHCS NETWORK SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 800-258-2873 TO VERIFY IF NEEDED	YES, CALL 800-258-2873 TO VERIFY IF NEEDED	YES, CALL 800-258-2873 TO VERIFY IF NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-258-2873 TO VERIFY IF AUTH NEEDED FOR PET SCANS, MRI & MRA*
MEDLINK-WORKERS COMMERCIAL & WC	N/A	NO	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	MED LINK AUTH LETTER NEEDED	TEL# 800-335-5465
MEDOPTIONS WC	N/A	NO	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
MEMORIAL MANAGED CARE PLAN SEE COMMENTS	N/A	YES, SEE COMMENTS	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS 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	AUTH IS NEEDED FOR ALL PROCEDURES ** FOR AUTH / ELIGIBILITY CALL 954-276-3131
MID-WEST NATIONAL LIFE INS COMPANY - SEE COMMENTS FOR NETWORK CHANGE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	(800) 733-1110 OR (800) 767-0700
MULTIPLAN NETWORK	N/A	CALL INSURANCE COM SHOWING ON INS CARD FOR ELIGCOMPAY AND DED	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL TEL# ON INSURANCE CARD TO VERIFY ELIGIBILITY
NATIONAL ALLIANCE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL (800) 919-5514 FOR ELIGIBILITY

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
NEIGHBORHOOD COMMERCIAL & POS	www.mvnhp.com	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES	YES	YES	NO	NO	NO	NO	NO	YES	ALL OB ULTRASOUND & BIOPHYSICAL PROFILES (76818, 76819) FROM NHP	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), PETSCANS & ALL NUCLEAR STUDIES. (INCLUDING NUCLEAR CARDIOLOGY) CARECORE TEL# 866-242-9546 AUTH IS NEEDED FROM NEIGHBORHOOD FOR ALL OB ULTRASOUND & BIOPHYSICAL PROFILES (76818, 76819) FROM NHP TEL# 800-550-5568
NGS AMERICAN INS *BEECH STREET NETWORK*	N/A	CALL INSURANCE COM SHOWING ON INS CARD FOR ELIGCOPAY AND DED	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 521-1555
NY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND ** (C & R CONSULTING) - MEDICARE SUPPLEMENT	N/A	NO	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 866-855-1212
ONE CALL MEDICAL/OCM-WORKER COMP SEE COMMENTS	N/A	NO	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	TEST MUST BE AUTHORIZED & CPT MUST MATCH PROCEDURE ORDERED* TEL# (800) 872-2875
OXFORD	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 666-1353
OPTIMUM HEALTH - - SEE COMMENTS FOR REFERRAL REQUIRMENTS			DOCTOR REFERRAL REQ	YES	YES	YES, AUTH NEEDED FOR MRAS	YES, AUTH NEEDED FOR CTAS	YES	NO	NO	NO	YES	YES	NO	NO	YES	AUTH CALL 888-796-0947 & ELIGIBILITY TEL# (800) 401-2740 - EFF 1/1/2010 OPTIMUM 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.
ORCHID MEDICAL	N/A	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
PANAMA AREA BENEFIT PLAN	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 800-424-8196 TO VERIFY IF AUTH NEEDED	YES, CALL 800-424-8196 FOR AUTH	YES, CALL 800-424-8196 FOR AUTH	YES, CALL 800-424-8196 FOR AUTH	NO	NO	NO	NO	YES, CALL 800-424-8196 FOR AUTH	YES, CALL 800-424-8196 FOR AUTH	NO	NO	NO	AUTH NEEDED FOR ALL PET SCANS, CT, MRI, MRA & ALL NUCLEAR STUDIES CALL 800-424-8196 FOR AUTH

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
PARAGON BENEFITS INC	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 866-360-9065 TO VERIFY IF AUTH IS NEEDED	YES, CALL 866-360-9065 TO VERIFY IF AUTH IS NEEDED	YES, CALL 866-360-9065 TO VERIFY IF AUTH IS NEEDED	YES, CALL 866-360-9065 TO VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-360-9065 TO VERIFY IF AUTH IS NEEDED FOR MRI, MRA, CT, PETSCANS
PARTNER CARE NEW NAME - MD MEDICARE CHOICE (MEDICARE REPLACEMENT)	http://infosource.pensacola.med3000.com	NO	DOCTOR REFERRAL REQ	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	CALL (800) 492-9634 TO VERIFY IF AUTH NEEDED	YES, AUTH NEEDED	AUTH NEEDED FOR ALL PET SCANS, MRIS, MRA'S, CTS, VASCULAR STUDIES& ALL NUCLEAR PROCEDURES *CALL (800) 492-9634 FOR AUTH*
PLUMBERS LOCAL UNION NO. 1 MEDICARE SUPPLEMENT	N/A	YES	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (516) 396-5500
PERFECT HEALTH *MULTIPLAN NETWORK*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (718) 370-5380
PREFERRED CARE PARTNERS *SEE COMMENTS*	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	PREFERRED CARE PARTNERS QUICK REFERRAL NEEDED WHEN AUTH IS NOT REQ & AUTH MUST MATCH CPT PERFORMED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES	YES	NO	YES	YES EXCEPT 74270 & 74240 CPTS	ONLY FOR DIAGNOSTIC MAMMO	YES	YES	YES, EXCEPT 76856 & 76705	NO	NO	FOR AUTHORIZATION CALL # 305-670-8432, PREFERRED CARE PARTNERS IS A MEDICARE HMO**** *AUTH MUST MATCH CPT ORDERED*
PREFERRED CARE CIGNA NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	CALL 888-868-2368 TO VERIFY IF AUTH IS NEEDED	CALL 888-868-2368 TO VERIFY IF AUTH IS NEEDED	CALL 888-868-2368 TO VERIFY IF AUTH IS NEEDED										CALL 888-868-2368 TO VERIFY ELIGIBILITY & IF AUTH IS NEEDED FOR MRI, CT, PET SCANS ...
PREFERRED MEDICAL PLAN SEE COMMENTS FOR COMMERCIAL & MEDICAID PLAN	N/A	NO	DOCTOR REFERRAL REQ	YES, AUTH NEEDED	YES, AUTH NEEDED	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	TEL# (800) 767-5551
PRIMARY PHYSICIAN CARE FIRST HEALTH NETWORK SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ		CALL 800-472-5001 TO VERIFY IF AUTH NEEDED	CALL 800-472-5001 TO VERIFY IF AUTH NEEDED	CALL 800-472-5001 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-472-5001 TO VERIFY IF AUTH NEEDED FOR MRI, MRA, CT, PET SCANS

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
<u>PIP AUTO INSURANCES</u> <u>/SEE COMMENTS</u>	N/A	YES, SEE COMMENTS FOR ELIG AND NEEDED INFORMATION	DOCTOR REFERRAL REQ	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	AOB AND DISCLOSURE-ACKNOWLEDGEMENT FORM (MUST BE COMPLETED & SIGNED BY PATIENT)	DATE OF ACCIDENT , CLAIM# & POLICY # NEEDED
POSITIVE HEALTHCARE PARTNERS	N/A	NEED TO CHECK ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO AUTH NEEDED CALL 888-456-4715 MEDICARE HMO
PRINCIPAL LIFE INSURANCE- PHCS & OTHER NETWORKS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	PHCS - (800) 533-5044 AETNA NETWORK - (800) 248-8503
PROFESSIONAL DIAGNOSTIC MANAGEMENT ** PDM (WC)	N/A	NO	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	TEL# (916) 782-2200
PROGRESSIVE AUTO INSURANCE-NF	N/A	NO	DOCTOR REFERRAL REQ	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	NEED AOB & STANDARD DISCLOSURE FORM SIGNED BY PATIENT	TEL# (800) 776-4737 POLICY # CLAIM# & DATE OF ACCIDENT NEEDED
PEBTF	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	TEL# (800) 628-0174
RAYTEL IMAGING NETWORK **WC**	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	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 FOR ALL PROCEDURES TEL# 610-831-1112*****FAX# 610-831-1122

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
RELIANCE STANDARD (BEECH STREET NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	DOCTOR REFERRAL REQ	YES, CALL TO VERIFY IF AUTH NEEDED FOR PET SCANS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 866-375-0775 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR PET SCANS
SECURUS TECHNOLOGIES BEECH STREET NETWORK	N/A	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL 972-744-2486
SEDGWICK *WC*	N/A	NO	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (407) 833-4078 NEED CLAIM# & DATE OF ACCIDENT
SELECT MRI	N/A	NO	DOCTOR REFERRAL REQ	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	SELECT MRI PAT APPOINTMENT CONFIRMATION LETTER NEEDED	TEL# (866) 747-2261
SHEET METAL WORKERS LOCAL 15 MEDICAL FUND CIGNA NETWORK	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	AS OF 9/1/06 BILL N/A	AS OF 9/1/06 BILL N/A	AS OF 9/1/06 BILL N/A	NO	NO	NO	NO	NO	NO	NO	NO	NO	NIA TEL# 866-214-1703 SHEET METAL TEL# 800-831-4914
SIERRA HEALTH AND LIFE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# # 800-888-2264
SELF INSURED SERVICES COMPANY - SISCO SEE COMMENTS	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, CALL 800-457-4726 TO VERIFY IF AUTH NEEDED	YES, CALL 800-457-4726 FOR AUTH	YES, CALL 800-457-4726 FOR AUTH	YES, CALL 800-457-4726 FOR AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	AUTH NEEDED FOR MRI, MRA, CT, PET SCAN/ /CALL 800-457-472
STATE FARM HEALTH INSURANCE - MEDICARE SUPPLEMENT	N/A	NO	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 866-855-1212

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
SRC AN AETNA COMPANY (STRATEGIC RESOURCES)	WWW.AETNA.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	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	NO	NO	NO	NO	NO	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED	NO	NO	NO	CALL (888) 772-9682 TO VERIFY IF AUTH NEEDED
SUMMIT HEALTH PLANS *MEDICARE HMO* --See comments	N/A	NO	effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR CTA & MRA.	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR CTA & MRA.	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	ELIG CALL 800-847-3995 OR 1800 556-0960 -- Effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR CTA & MRA
SUN LIFE FINANCIAL (PHCS NETWORK)	N/A	NO	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 800-451-2513 FOR ELIGIBILITY
THE EPOCH GROUP, LC	N/A	NO	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	THE EPOCH GROUP # 800-255-6065 OR 913-362-0040
THE MEGA LIFE & HEALTH INS COMPANY (BEECH STREET)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 527-5504 OR (800) 608-1234
TODAY'S OPTIONS (SEE COMMENTS)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	CALL 888-445-8699 TO VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL 888-445-8699 TO VERIFY ELIGIBILITY & IF AUTH NEEDED FOR PET SCANS*
TOTAL HEALTH (THC)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	INSURANCE REFERRAL NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	TOTAL HEALTH CHOICE REF NEEDED	NEED TOTAL HEALTH CHOICE REFERRAL FOR ALL PROCEDURES. TEL# (800) 887-6888
TECHHEALTH-WORKERS COMP	N/A	NO	TECH HEALTH AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	AUTH LETTER NEEDED	TECH HEALTH TEL # 813- 248-3788 OR (813) 490-1900

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
TRICARE -STANDARD & PRIME (CHAMPUS) (SEE COMMENTS)	www.mytricare.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED AUTH	YES,SEE COMMENTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NEED AUTHORIZATION FOR MRIS & MRAS FOR TRICARE-PRIME PLAN ONLY. TEL# (800) 403-3950
TRICARE FOR LIFE MEDICARE SUPPLEMENT ONLY	www.mytricare.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (866) 773-0404
USA MANAGED CARE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 899-6520
UNICARE	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# 800-442-9300
UNITED AMERICAN INSURANCE COMPANY (UA)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 925-7355
MEDICA (UNITED HEALTH CARE NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL 800-228-1403 TO VERIFY IF AUTH IS 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 866-745-9920 OR 800-228-1403 TO VERIFY IF AUTH IS NEEDED FOR MRIS, MRA'S, CTS, PET SCANS, US, DEXA, ECHO
Multiplan logo - Ins cards with Multiplan Logo	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	Need to verify if auth is needed for all procedures

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
EVERCARE - UHC	N/A		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	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	NO	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 OF RIVER VALLEY JOHN DEER PLAN	N/A	NEED TO CALL FOR ELIGIBILITY. SEE COMMENTS	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS 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
UNITED HEALTH CARE/ EMPIRE PLAN GOVT	www.unitedhealthcareonline.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (800) 942-4640
UNITED HEALTH CARE/ GOLDEN RULE		YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED AUTH	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (317) 297-4189
UNITED HEALTH CARE MEDICARE COMPLETE / SECURE HORIZONS	www.unitedhealthcareonline.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	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	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	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	NO	*Effective March 1st 2010 auth is required for MRI, MRA, CT, CTA, Pet scans & all Nuclear Studies for secure horizons plans* Tel# 888-666-2570 & 888-507-9352 OR 877-702-5110 CALL 888-666-2570 FOR AUTH NEEDED FOR MRI, 888-507-9352 FOR ELIGIBILITY**
UNITED HEALTH CARE MEDICARE COMPLETE / SECURE HORIZONS	www.unitedhealthcareonline.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	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	YES, AUTH NEEDED - 866-889-8054 -EFF 3/1/10	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	NO	*Effective March 1st 2010 auth is required for MRI, MRA, CT, CTA, Pet scans & all Nuclear Studies for secure horizons plans* Tel# 888-666-2570 / 888-507-9352 (888) 867-5582 FOR AUTH / ELIGIBILITY
UHC OF FLORIDA MEDICAID PLAN	www.unitedhealthcareonline.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	NO	YES, NEED TO CALL & VERIFY IF AUTH NEEDED	YES, NEED TO CALL & VERIFY IF AUTH NEEDED	YES, NEED TO CALL & VERIFY IF AUTH NEEDED	NO	NO	NO	NO	NO	YES, NEED TO CALL & VERIFY IF AUTH NEEDED/VARIES BY PLAN TYPE	NO	NO		MEDICAID PLAN CALL TEL# 866-331-2243

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
UNITED HEALTH CARE PPO/EPO	www.unitedhealthcareonline.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	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	CALL TEL# ON PATIENT'S INSURANCE CARD TO VERIFY IF AUTH IS NEEDED FOR MRI, MRA, PET SCANS, CT & NUCLEAR RADIOLOGY PREMIUM DOCTORS - EFFECTIVE 2/15/10 AUTH IS NEEDED FOR MRI, MRA, CT, CTA, PETSANS & ALL NUCLEAR STUDIES
UNITED HEALTH CARE CHOICE & SELECT PLANS	www.unitedhealthcareonline.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	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	ALL CHOICE PLANS & SELECT PLANS(COMMERCIAL) NEED NOTIFICATION THRU CARECORE DEPARTMENT BY TEL# 866-889-8054 PREMIUM DOCTORS - EFFECTIVE 2/15/10 AUTH IS NEEDED FOR MRI, MRA, CT, CTA, PETSANS & ALL NUCLEAR STUDIES
UNITED HEALTH CARE GLOBAL CHOICE PLAN	www.unitedhealthcareonline.com	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO PRE CERT REQUIRED FOR THIS PLAN* CALL 866-592-2355 TO VERIFY ELIGIBILITY*
UNITED HEALTH CARE / MAMSI / CHOICE PLUS NET		YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED												CALL 800 962-2174 FOR PRECERTIFICATION 800-224-8535 PROVIDERS CALL 800 342 6141 OR 800-224-8535 FOR ELIGIBILITY
UNIVERSAL HEALTH CARE LOGO INSURANCE * MEDICARE MASTERPIECE PLAN, MEDICARE MASTERPIECE PREMIER PLAN, MEDICARE MASTERPIECE ULTRA PLAN, UNIVERSAL FREEDOM PPO PLAN & U-FIRST -WHICH IS THE MEDICAID PLAN. SEE COMMENTS	https://www.univhc.com * EACH LOCATION HAS OWN USER & PASSWORD. PLEASE REFER TO INS WEBSITE LIST FOR THIS INFO.	YES, NEED WEB SITE ELIG PRINT OUT	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 NOT PART WITH THE MEDICAID PLAN. DO NOT TAKE PATIENT IN.

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
UNIVERSAL HEALTH CARE (MCD HMO) HAS U FIRST LOGO	https://www.univhc.com EACH LOCATION HAS OWN USER & PASSWORD. PLEASE REFER TO INS WEBSITE LIST FOR THIS INFO	NEED TO CHECK ELIG BY PHONE	DOCTOR REFERRAL REQ		YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED, SEE COMMENTS	YES, ALL MRIS & MRAS	YES, ALL CTS	NO	NO	NO	NO	NO	NO	NO	NO	NO	FOR ELIG CALL 866-690-4842 AUTH NEEDED FOR PET SCANS
UNIVERSAL HEALTH CARE LOGO INSURANCE * MASTERPIECE PLUS PLAN, MEDICARE ADVANTAGE PFFS (ANY ANY ANY) PLAN	https://www.univhc.com EACH LOCATION HAS OWN USER & PASSWORD. PLEASE REFER TO INS WEBSITE LIST FOR THIS INFO	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	TEL# (866) 690-4842
UNIVERSAL HEALTH CARE LOGO INSURANCE * MEDICARE MASTERPIECE HMO PLAN	https://www.univhc.com EACH LOCATION HAS OWN USER & PASSWORD. PLEASE REFER TO INS WEBSITE LIST FOR THIS INFO	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL NEEDED	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	NO, SEE COMMENTS FOR WEST FLORIDA	MEDICARE MASTERPIECE HMO. CALL (866) 690-4842 FOR ELIGIBILITY & AUTH WEST FLORIDA LOCATIONS ARE NON PAR WITH ALL UNIVERSAL HEALTH CARE PLANS BUT PATIENTS CAN BE SEEN WITH AUTH FOR ALL PROCEDURES FOR MEDICARE MASTERPIECE HMO

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
UNIVERSAL HEALTH CARE LOGO INSURANCE * MASTERPIECE PPO PLAN SEE COMMENTS	https://www.univhc.com EACH LOCATION HAS OWN USER & PASSWORD. PLEASE REFER TO INS WEBSITE LIST FOR THIS INFO.	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL NEEDED	YES, 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	WEST FLORIDA LOCATIONS ARE NON PAR WITH ALL UNIVERSAL HEALTH CARE PLANS BUT PATIENTS CAN BE SEEN WITH AUTH FOR ALL PROCEDURES CALL (866) 690-4842 FOR AUTH
U-FIRST - WHICH IS THE MEDICAID PLAN. SIGNET IS NON PAR AS OF 3/19/09	SIGNET IS PARTICIPATING WITH THE MEDICAID PLAN (U-FIRST) FOR UNIVERSAL HEALTH CARE as of 3/19/09. CALL TO VERIFY IS AUTH NEEDED FOR MRA, CTA, MRI, CT & PET SCANS																
US DEPARTMENT OF LABOR (WC)		NEED TO CALL DEPT OF LABOR/	DOCTOR REFERRAL NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	CALL DEPT OF LABOR AT 850-558-1818 - NEED CLAIM # & DATE OF ACCIDENT
US IMAGING NETWORK	NA	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**	NA	NO	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	TEL# (954) 653-8364
VISTACOVENTRY - MEDICAID, HEALTHY KID & INDIVIDUAL PLAN - WHICH IS ACCESONEHMO	WWW.VISTAHEALTHPLAN.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	VISTA REFERRAL IS NEEDED	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	NO	Eff 2/1/10 Prior auth required from NIA	NO	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	NO	NO	NO	Vista health plan has been acquired by Coventry healthcare effective 6/1/2010. The name has been legally changed to Coventry health care of Florida. Insurance cards, claims mailing address & payer id has been changed. AUTH & REF REQUIREMENTS REMAIN SAME MEDICAID plan as of 2/1/2010: CT / CTA . MRI MRA, PET SCANS & ALL NUCLEAR STUDIES Eff 1/1/2010 Vista referral requirements. If services are being referred by a PCP, all services regardless of product require a Vista referral. Exception: OB/GYN's can submit a prescription for members for ONLY Medicaid, Healthy Kids, & Commercial. *ACCESS ONE HMO IS THE INDIVIDUAL PLAN (MEDICAID) WEB WILL SHOW BUSINESS TYPE : INV:

INSURANCE CO.	WEBSITE	WEB SITE ELIGIBILITY PRINT OUT NEEDED	REFERRAL REQUIRED	BREAST BIOPSY	PET SCAN	MRA & MRI	CTS	DEXA	ECHO	FLUORO	MAMMO	NUCLEAR MEDICINE	NUCLEAR CARDIOLOGY	ULTRASOUND	X-RAYS	VASCULAR STUDIES	COMMENTS
VISTA/COVENTRY-HMOS, <u>MEDICARE, POS, PPO</u>	WWW.VISTAHEALTHPLAN.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	VISTA REFERRAL IS NEEDED	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR CTA & MRA	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	NO	NO	NO	Vista health plan has been acquired by Coventry healthcare effective 6/1/2010. The name has been legally changed to Coventry health care of Florida. Insurance cards, claims mailing address & payer id has been changed. AUTH & REF REQUIREMENTS REMAIN SAME All commercial plan- Prior auth required from NIA for CT / CTA , MRI, MRA, PET SCANS & ALL NUCLEAR STUDIES Effective 1/1/2010 Vista referral requirements. If services are being referred by a PCP, all services regardless of product require a Vista referral. If services are being referred by a specialist, ONLY FOR COMMERCIAL (includes HMO, PPO, POS) they can submit either a doctor prescription or a Vista referral. Exception: OB/GYN's can submit a prescription for members for ONLY Medicaid, Healthy Kids, & Commercial. (Medicare would require a Vista referral)
VISTA/COVENTRY <u>MEDICARE PLAN</u>	WWW.VISTAHEALTHPLAN.COM	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	VISTA REFERRAL IS NEEDED	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	effective 5/1/09 AUTHORIZATION IS NEEDED ONLY FOR CTA & MRA	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	NO	Eff 2/1/10 Prior auth required from NIA	Eff 2/1/10 Prior auth required from NIA	NO	NO	NO	Vista health plan has been acquired by Coventry healthcare effective 6/1/2010. The name has been legally changed to Coventry health care of Florida. Insurance cards, claims mailing address & payer id has been changed. AUTH & REF REQUIREMENTS REMAIN SAME Medicare plan- Prior auth required from NIA for CT / CTA , MRI, MRA, PET SCANS & ALL NUCLEAR STUDIES Effective 1/1/2010 Vista referral requirements. If services are being referred by a PCP, all services regardless of product require a Vista referral.
WEB-TPA (BEECH STREET / DIMENSION NETWORK)	N/A	NEED TO VERIFY ELIGIBILITY BY PHONE	DOCTOR REFERRAL REQ		YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	Eff 1/1/2010 Vista referral requirements.
WELLCARE MEDICARE / WELLCHOICE PLAN <u>SEE COMMENTS</u>	WWW.WELLCARE.CO	YES NEED WEB SITE ELIGIBILITY PRINT-OUT	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED/ <u>800-351-8777</u>	YES, AUTH NEEDED/ <u>800-351-8777</u>	YES, AUTH NEEDED/ <u>800-351-8777</u>	NO	NO	NO	NO	YES, 800-351-8777	YES	NO	NO	NO	If services are being referred by a PCP, all services regardless of product require a Vista referral.
WELLCARE - ALL STAYWELL PLANS - STAY WELL & STAYWELL HEALTHY KIDS <u>SEE COMMENTS</u>	WWW.WELLCARE.CO	YES	DOCTOR REFERRAL REQ	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	YES, AUTH NEEDED	YES, AUTH NEEDED <u>FOR MRA's ONLY.</u> CALL -800-351-8777	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	If services are being referred by a specialist, ONLY FOR COMMERCIAL (includes HMO, PPO, POS) they can submit either a doctor prescription or a Vista referral.
WELLCARE <u>HEALTHCASE --see comments</u>	WWW.WELLCARE.CO	YES	YES, MRA ONLY, SEE COMMENTS	YES, NEED TO CALL & VERIFY IF AUTH IS NEEDED	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	<u>Exception: OB/GYN's can submit a prescription for members for ONLY Medicaid, Healthy Kids, & Commercial. (Medicare would require a Vista referral).</u>