



OUTPATIENT NOTIFICATION FORM

FAX TO: 801-270-3010

Please provide ALL of the following information to prevent delays in processing your request.

Member ID/social security number, Member's name, Patient's name, Physician's name, Physician's address, Physician's tax ID number, Physician's billing NPI, Facility, Facility tax ID, ICD-10, CPT, Name of procedure, Date of service, Accident details, Other insurance

Contact name, Today's date, Phone number, Fax number

For EMI Health's use only

Authorization number, Date returned, Coverage effective date, Deductible, Copayment/coinsurance, Coinsurance maximum, Provider panel status, Facility panel status

This authorization is based on the information provided to us and the patient's eligibility and plan benefits as of the date of this notice. This authorization is valid for five days from the scheduled date of service, based on the following conditions: 1) there are no changes to any of the reported information listed above; 2) premium payments are current for the date of service; 3) the patient is still covered by the plan at the time of service; 4) the panel status of the physician and facility have not changed; and 5) there are no changes to the plan benefits that cover the patient on the dates of service. If any of the above-listed items change, this authorization is no longer valid, and you will need to obtain a new one. Benefits will be paid according to the terms of the member's health plan. Any services in connection with this authorization that are exclusions will be denied. Services that have plan limitations will be paid according to those limitations.

IMPORTANT NOTICE: This fax, including any attachments, contains information that may be proprietary, confidential, or privileged, and is intended solely for the entity or individual to whom it is addressed. If you are not the intended recipient, you should destroy this fax and are hereby notified that any disclosure, copying, or distribution of this fax is strictly prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.

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