

OUTPATIENT NOTIFICATION FORM

FAX TO: 801-270-3010

Please provide ALL of the following information to prevent delays in processing your request.	
Member name	Member ID/social security number
Patient name	Patient Date of Birth
Physician name	
Physician address	
Physician tax ID number	
Facility name	
Facility tax ID	
ICD-10	
Name of procedure	
Other/additional notes	
	To do de de de
Contact name	
Phone number	
	For EMI Health's use only
	Date returned

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 If any of the above-listed items change, this authorization is no longer valid, and you will need to obtain a new one.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.

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