



**Jefferson
Regional**

Prior Authorization Services

To: **Jefferson Regional Authorization Services**

Fax: **870-541-7615**

Phone: **870-541-7610**

From (clinic):

Ordering provider name:

Provider NPI:

Fax:

Phone:

Test ordered:

CPT code:

Comments:

Please be sure to include the following information:

- ☐ **Copy of the order**
- ☐ **Patient demographic information (name, DOB, SSN, address, phone)**
- ☐ **Insurance card copy (front & back, for all insurances held by patient)**
- ☐ **Worker's Compensation/auto insurance information (if applicable)**
- ☐ **Most recent office notes or prior studies pertaining to the study**