
NIA INFORMATION HELP SHEET

In order to expedite the processing of your request, please have the following available when you call:

1. Ordering physician name, office phone and fax number

2. Patient name and member ID number or subscriber's Social Security number (SSN)

3. Requested examination

4. Reason for request

- Further evaluation
- Rule out disorder
- Base new treatment
- Evaluation of current therapy or treatment

5. Name and address of provider office or facility where the service will be performed

6. Anticipated date of service (*if known*)

7. List of symptoms and their duration

8. Conservative treatment (and duration) patient has already completed, such as:

- Physical Therapy
- Chiropractic or Osteopathic Manipulation
- Massage
- Medications

9. Please have the following materials ready to fax:

- Any pertinent clinical testing or procedures, including X-rays, scans, ultrasounds, labs, EKGs, etc.
- Referrals to specialists
- Specialist evaluation
- Any clinical notes pertinent to the requested procedure

ATTENTION: This form is only for physicians office internal use. Do not attempt to fax this form to obtain authorization. Authorization can only be obtained by phone or internet.