

**UTILIZATION REVIEW NOTICE**

- Facility: Self Regional Healthcare
- Review Date: April 25, 2025
- Review Number: 175174453
- Patient: Amanda Williams
- Account Number: 10001431398

**FAX COMMUNICATION**

- Date: April 25, 2025 1:07 PM ET
- Purpose: Utilization Review Admission information
- Fax Comment: Clinical information attached with letter of inpatient support
- Precertification: Ambetter ATC IP completed auth form scanned for UR department

**CONTACT INFORMATION**

- Reviewer: Tammie Foster
- Phone: (864) 725-5039
- Authorization Fax: (864) 725-5044
- Insurance Fax: 844-560-0799

**AUTHORIZATION REQUEST**

- Required: Authorization number for inpatient approval
- Fax authorization number to: (864) 725-5044

**CONFIDENTIALITY NOTICE**

- Documents contain legally confidential and privileged information
- Intended only for named recipients
- Unauthorized disclosure prohibited