

F A X S H E E T

Date: May-04-2023 08:06:02
To: Lucia Winters
Subject: Claim#: MT083671
Fax Number: 9739401852
To Company:
From Name: DiLiberti,Amy
From Company: UNIVERSITY SPINE CENTER WAYNE
From Facility: UNIVERSITY SPINE CENTER WAYNE
Support Contact: 973-686-0700
Number of Pages(s): 3

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Office: (973) 686-0700
Fax: (973) 686-0701

ALERT!!!

**PLEASE SEE REVERSE SIDE
FOR INSTRUCTIONS**

Patient Name Miller, Paul Date 5/2/23
Diagnosis MSI-16

MRI ☐ Cervical other _____ ☒ without contrast
☐ Thoracic ☐ with contrast
☒ Lumbar AUTHORIZATION _____

PLEASE GIVE PATIENT DISCS (OR FILMS)

CT ☐ Cervical other _____ ☐ without contrast
☐ Thoracic ☐ with contrast
☐ Lumbar AUTHORIZATION _____

PLEASE GIVE PATIENT DISCS (OR FILMS)

BONE SCAN ☐ Cervical other _____
☐ Thoracic
☐ Lumbar AUTHORIZATION _____

PLEASE GIVE PATIENT DISCS (OR FILMS)

EMG's ☐ Upper Extremities ☐ Lower Extremities

PLEASE FAX RESULTS TO 973-686-0701

BONE
DENSITY

PLEASE FAX RESULTS TO 973-686-0701

SIGNATURE [Signature]



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PRE-CERTIFICATION PROCESS

- MEDICARE & SECONDARY - May require authorization
- COMMERCIAL INSURANCE - Please wait for authorization from our office. Once authorized, enter number from front of prescription and schedule study.
- PIP/MVA - Authorization required. Please do not schedule study until contacted by our office with authorization.
- WORKER'S COMP - Adjuster or Nurse Case Manager will contact patient and schedule study when authorized

FACILITY Workers Comp

University
Spine
Center



Your Doctors

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Ki S. Hwang, MD NPI# 1205846680
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