



May 29, 2025 9:53AM

CONFIDENTIAL

Bauer, Jack
7192 Lois Lane
Southaven, MS 38671

RE: Customer Name: Bauer, Jack
Customer ID #: 108491830
Reference Code: 153679719
Authorization Number: A74026493
Authorization Effective Date(s): May 21, 2025 through November 17, 2025

Dear Jack Baur:

Your health plan requires some care to be reviewed and approved before it is covered. On May 21, 2025, Dr. William Hester asked us to review and approve coverage for the following service(s) and facility:

73718 Magnetic Resonance Imaging (MRI), a special kind of picture of your leg without contrast (dye) Modifier: LT
73721 Magnetic Resonance Imaging (MRI), a special kind of picture of your hip, knee or ankle without contrast (dye) Modifier: LT

After reviewing your medical information and health plan, we approved the service(s) at North Mississippi Radiology Services LLC.

Procedure	Description	Requested	Decision
N/A	Servicing Facility: NORTH MISSISSIPPI RADIOLOGY SERVICES LLC	N/A	Approved
73718	Magnetic Resonance Imaging (MRI), a special kind of picture of your leg without contrast (dye) / Modifier: LT	1	Approved
73721	Magnetic Resonance Imaging (MRI), a special kind of picture of your hip, knee or ankle without contrast (dye) / Modifier: LT	1	Approved

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Reviewer: eviCore healthcare (eviCore)

Cigna Health And Life Insurance Company partners with eviCore, a leading health and wellness company, to manage our diagnostic program. eviCore reviews diagnostic services to determine if they are medically necessary and covered by your plan.

Important Reminders:

- When we receive your medical claim(s), we'll need to make sure your health care professionals performed only services we approved. If extra services were performed that weren't medically necessary or covered by your plan, your health plan won't be able to pay for them. This means you'll have to pay the total cost for any extra services.
- This letter isn't a guarantee that your plan will pay for the services. You must be enrolled in the plan and eligible for benefits on the date you receive the service. Please see your plan documents for details about your coverage. You're responsible for your share of any copayments, coinsurance, or other costs.
- Your approval is for the facility listed above only. If you want to have care at a different facility, please contact us. You may need a new review and approval for the care to be covered under your plan.
- This approval is for the requested service only. It does not guarantee that the provider who requested this service is in-network or will be paid at the in-network rate. This approval also does not guarantee that your plan will cover services from out-of-network providers. Before you receive these services, please call us to confirm whether the requesting provider is in-network.

If you have questions, please call Customer Service at the toll-free number on your ID card. An associate is available to help you 24 hours a day, 7 days a week.

We look forward to continuing to support you with your health and well-being.

Sincerely,

eviCore healthcare
Diagnostic Utilization Management Programs

If you have a hearing or speech impairment and use Telecommunications Relay Services (TRS) or a Text Telephone (TTY), dial 711 to connect with a TRS operator.

CC: Dr. William Hester
North Mississippi Radiology Services Llc

Fax: 901/701-2400
Fax: 662/349-3263

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