PAR: #	

Pre-Authorization Approval for Medical Services

SECTION 1: FACILITY/PROVIDER INFORMATION	
Facility/Provider Information	
Contact:	
Physician Name:	
Practice /Hospital Name:	
Practice /Hospital Address:	
Practice /Hospital Phone Number:	
Practice /Hospital Fax Number:	
Practice /Hospital Email:	
Place of Service Contact:	
Place of Service Name:	
Address for Place of Service:	
Place of Service Phone Number:	
Place of Service Fax Number:	
Place of Service Email:	

If you use encrypted email send information to Pre-Authorization Email: preauth@mynovahealthcare.org

Otherwise please fax to 805-375-6090

SECTION 2: NOVAHEALTHCARE CONTACT INFORMATION	
NOVA HEALTHCARE INFORMATION	
Pre-Authorization Email:	**preauth@mynovahealthcare.org**

Health economics, pre-authorization and reimbursement information provided by NOVA Pathfinder Limited a Healthcare Company is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute medical, reimbursement or legal advice. NOVA Pathfinder Limited a Healthcare Company encourages providers to submit accurate and appropriate request for services, and to submit accurate and appropriate request of payment of claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are to be Preauthorized and/or services to be rendered. NOVA Pathfinder Limited a Healthcare Company recommends that you consult with any additional providers that will provide service to document additional, preapprovals or reimbursements agreements. If there is a need to consult other reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. NOVA Pathfinder Limited a Healthcare Company uses nThrive to determine the most appropriate reimbursement. The Provider and facility will hold harmless NOVA Pathfinder Limited a Healthcare Company against any claims outside of this request. Information included herein is current as of 12/1/2019 and is subject to change without notice.

FOR OFFICE USE ONLY:

PAR: #	

Company Name:	**NOVA Pathfinder Limited a Healthcare Company**
Address:	**5739 KANAN ROAD Suite #335 AGOURA, CA 91301**
From:	**NOVA Pathfinder Limited a Healthcare Company Preauthorization Department**
Approval Date:	
Pre-Authorization Phone # and Extension:	**801-948-9938 Ext 108**
Toll Free Phone:	**1-888-266-4462**
Fax:	**1-805-375-6090**
Website:	**https:/mynovahealthcare.org**
Claims Email:	**claims@mynovahealthcare.org**

SECTION 3: PATIENT INFORMATION

Patient Information

Member Full Name:	
Plan Member Address:	
NOVA Member ID:	
DOB:	
Phone Number:	
Email:	

NOTE TO PHYSICIAN: You are responsible for providing true, accurate and complete information concerning the applicable diagnosis and procedure codes and the patient's medical record and ensuring the medical necessity of the procedure. ** The provider is responsible for verifying payer policy as to the appropriate code used for describing each type of implantable pulse generator. Please validate that the codes to be approved & billed for all services professional and facility services are correctly reflected.

Pursuant to medical request for our member listed above NOVA Pathfinder Limited a Healthcare Company hereby approves request for:

SECTION 4: CPT/HCPCS INFORMATION

CPT/HCPCS CODES	DESCRIPTION	UNITS	COST	MEDICAL NECESSITY
	PHYSICIAN			
	PROCEDURE			
	FACILITY			
	ANESTHIA			
	MISC			

PAR: #	

ALL CPT CODES RELATING TO THIS PROCEDURE MUST BE PROVIDED OR CHARGES WILL NOT BE CONSIDERED

SECTION 6: DIAGNOSIS CODES INFORMATION			
ICD-10 CODES	**DESCRIPTION**	**CPT/HCPCS Or PX or DRG**	**ASSOCIATED TO CPT OR DRG /PROCEDURE CODES**

DRG AND PX CODES

SECTION 7 (a): PRICE IS INCLUDED IN DRG			
PROCEDURE CODES	**DESCRIPTION**	**POINTER TO DIAGNOSIS CODES**	**UNITS**

SECTION 7 (b): PRICE IS INCLUDED IN DRG			
DRG CODE	**DESCRIPTION**	**UNITS**	**TOTAL ALLOWED**

ALL MEDICAL RECORDS, H&P, LABS, DIAGNOSTIC MUST BE RECEIVED FOR PRE-AUTHORIZATION TO BE CONSIDERED

SECTION 8: TOTAL ALLOWED AMOUNT FOR ALL SERVICES		
Total Approved for Allowed Amount:	**$**	**Provider agrees to not balanced bill Member.**

The Provider and facility will hold harmless NOVA Pathfinder Limited a Healthcare Company against any claims outside of this request.

Become an In-Network Provider? Our process is easy…				
Do you want to Explore being an In-Network Provider?	**YES**		**No**	

FOR OFFICE USE ONLY:

Contact Name				
Authorized Contact to be Approved Contact for In-Network Agreement?	**YES**		**No**	
Contact Phone Number:				
Contact Email:				
Contact Fax Number:				