Noridian Healthcare Solutions
4510 13th Ave. S., Fargo, ND 58103

PART B PRIOR AUTHORIZATION

AMBULATORY SURGICAL CENTER (ASC) REQUEST COVERSHEET

Jurisdiction: E ☐ F ☐ Number of Pages (including coversheet): _____
Expedited Request? Yes ☐ No ☐
If yes, expedited request justification required:

Request Date: _____ Facility Name: _____
Anticipated Date of Service: _____ Facility PTAN: _____
Requestor Name: _____ Facility NPI: _____
Requestor Phone: _____ Ext. _____ Facility Address: _____
Requestor Email Address: _____ Facility City, State, Zip: _____
Requestor Fax Number: _____ Procedure Code: _____
Requestor Address: _____ Units of Service: _____
Requestor City, State, Zip: _____ Place of Service: _____
Physician/Practitioner Name: _____ Type of Service: _____
Physician/Practitioner PTAN: _____ Provider Specialty Code: _____
Physician/Practitioner NPI: _____
Physician/Practitioner Fax: _____ Medicare Beneficiary ID (*MBI*): _____
Physician/Practitioner Address: _____ Beneficiary Name: _____
Physician/Practitioner City, State, Zip: _____ Beneficiary Date of Birth: _____

Initial Request ☐ **Resubmission** (*Add Previous UTN*) ☐

Previous UTN: _____

Noridian Medicare Portal:
www.noridianmedicareportal.com
Fax To:
701-433-3024

JE MAIL TO:
Noridian Healthcare Solutions
PO Box 6774
Fargo, ND 58108-6774

JF MAIL TO:
Noridian Healthcare Solutions
PO Box 6700
Fargo, ND 58108-6700

For additional information, such as the medical policy, visit our website at:

- JF –https://med.noridianmedicare.com/web/jfb/cert-reviews/pre-claim
- JE –https://med.noridianmedicare.com/web/jeb/cert-reviews/pre-claim