

## WISer PRIOR AUTHORIZATION REQUEST COVERSHEET

State: AZ      WA      Number of Pages (including coversheet): \_\_\_\_\_

Expedited Request? Yes      No

If yes, expedited request justification required:

### REQUESTOR INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### PHYSICIAN/PRACTITIONER INFORMATION

Name: \_\_\_\_\_

PTAN: \_\_\_\_\_

NPI: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### FACILITY INFORMATION

Name: \_\_\_\_\_

PTAN: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Procedure Code: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Type of Bill: \_\_\_\_\_

Units of Service: \_\_\_\_\_

Anticipated Date of Service: \_\_\_\_\_

Medicare Beneficiary ID (MBI): \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_

Initial Request      Resubmission (Add Previous Unique Tracking Number)

Previous Unique Tracking Number: \_\_\_\_\_

**Noridian Medicare Portal:**

[www.noridianmedicareportal.com](http://www.noridianmedicareportal.com)

**PART A**

Noridian Healthcare Solutions  
PO Box 6782  
Fargo, ND 58108-6782

**PART B**

Noridian Healthcare Solutions  
PO Box 6700  
Fargo, ND 58108-6700

**Fax To:**

701-433-3366

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

JF Part A - <https://med.noridianmedicare.com/web/jfa/cert-reviews/pre-claim>

JF Part B- <https://med.noridianmedicare.com/web/jfb/cert-reviews/pre-claim>

**WISeR Participant Portal Submissions**

AZ requests – <https://www.zyter.com/learning/wiser/>

WA requests - <https://virtixhealth.com/wiser/>

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