

Number of Pages (including coversheet): _



WA

If yes, expedited request justification required:

Expedited Request? Yes

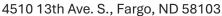
State: AZ

WISER PRIOR AUTHORIZATION REQUEST COVERSHEET

No

REQUESTOR INFORMATION	FACILITY INFORMATION
Date:	Name:
Name:	PTAN:
Phone: Ext	NPI:
Email Address:	
Fax Number:	Address:
Address:	City, State, Zip:
City, State, Zip:	Procedure Code:
PHYSICIAN/PRACTITIONER INFORMATION	Diagnosis Code:
Name:	Type of Bill:
PTAN:	Units of Service:
NPI:	Anticipated Date of Service:
Fax:	Medicare Beneficiary ID (MBI):
Address:	Beneficiary Name:
City, State, Zip:	Beneficiary Date of Birth:
Initial Request Resubmission (Add Prev	rious Unique Tracking Number)
Previous Unique Tracking Number:	/







Noridian Medicare Portal:

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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