

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

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/>

This information is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone confirming the destruction of the information.