Baptist Health Authorization Services Now Offers Pre-Authorization Support

Baptist Health Authorization Services is now offering assistance in obtaining authorizations for outpatient diagnostic imaging performed at any of our Baptist Health facilities.

What do we need from you to get started?

- Completed New Clinic Information Sheet
- Your feedback – we will ask for your feedback periodically to help us improve this

What do we need from you each time to obtain an authorization?

- Completed Fax Cover Sheet with the following attached:
  1. Patient's demographic information (Name, DOB, SSN, Address, Phone Number)
  2. Copy of insurance card(s), front and back
  3. Worker's compensation/auto insurance information (if applicable)
  4. Most recent office notes and any reports on prior imaging studies pertaining to the study requested
  5. Copy of the order (actual imaging requisition given to the patient)

What can we do for you?

- We CAN contact the insurance company and obtain authorizations for imaging studies.
- We CAN communicate with the office regarding denials and rescheduled or cancel the study if needed.

Please Note: This service is not for urgent diagnostic imaging.

Please have all information sent to Authorization Services.

Phone: 501-202-7546 Fax: 501-850-0495

Baptist Health

Baptist Health

Authorization Services
Pre-Authorization Fax Cover

Date of Study: _____

To: Baptist Health Authorization Services

Fax: _____

Phone: _____

Ordering Provider Name: _____

Office Address: _____

Phone: _____

Number of Pages: _____

Test Ordered: _____

Comments: _____

_____

_____

_____

Facility *(Check One)*:

☐ Little Rock	☐ North Little Rock	☐ Conway
☐ Arkadelphia	☐ Heber Springs	☐ Stuttgart
☐ Hot Spring County	☐ Fort Smith	☐ Van Buren
☐ Imaging Center-Kanis	☐ Imaging Center-North Little Rock	☐ Imaging Center-Benton

Please be sure to include the following information:

___ Patient Demographic Information *(Name, DOB, SSN, Address, Phone number)*

___ Insurance Card Copy *(Front and back, for all insurances held by patient)*

___ Worker's Compensation/Auto Insurance Information *(If applicable)*

___ Most recent office notes pertaining to the study and a copy of the order

(If we do not have these documents we will not be able to initiate the authorization.)

Baptist Health

Authorization Services New Clinic Information Sheet

Clinic Information Sheet necessary for Baptist Health to obtain authorizations for tests.

Clinic Name: _____

Street Address: _____

City, State, Zip: _____

Main Clinic Phone Number: _____

Private Clinic Phone Number: _____

Clinic Fax Number: _____

Office Manager: _____

Office Manager Phone Number: _____

Office Manager email: _____

Contact Person #2: _____

Contact Person #2 Phone Number: _____

Clinic Operating Hours: _____

Clinic (Group) Tax ID #: _____

Provider Name: _____

Provider NPI: _____

PA MA ID#: _____

Contact for Peer-to-Peer (non-MD): _____

Contact Number: _____

Contact for denials, authorizations and questions: _____

Contact Number: _____

How should authorization information come back to the clinic?