

RADMD Fax Cover Sheet

FROM:		TO:	
PAGES:		FAX:	
DATE		PHONE:	

ATTENTION NIA: TUFTS HEALTH PUBLIC PLANS (THPP) – COC

Physician Name:
Physician Contact Personnel:
Contact Phone # (with extension if applicable):
Patient Name:
Patient ID:

NOTES TO PHYSICIAN OFFICE

- THIS COC PROCESS IS VALID THROUGH 05/31/18.
- A SEPARATE FAX COVERSHEET MUST BE USED FOR EVERY PATIENT.
- NIA WILL NOTIFY YOU OF YOUR NEW AUTHORIZATION NUMBER WITHIN 24-48 HOURS.
- A STATUS CHECK CAN BE DONE AFTER 48 HOURS BY CALLING 800-207-4209.

CONFIDENTIALITY NOTICE

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