



Spine Surgery Information Request Form

This form is used for UnitedHealthcare commercial members only. Medicare, Medicaid, FHP, or SCHP have their own specific requirements; please do not use this form.

Please fax the requested information to: 914-323-9266 promptly, as an accurate coverage decision cannot be made without this information. If you have any questions, or if this request is related to an emergent request for surgery, please call 1-888-381-3152. Thank you.

To: UnitedHealthcare	From:
Fax: 914-323-9266	Fax:
Service Reference Number (Srn):	Phone:
	Pages (Including Cover):
Notification needs to be completed and Service Reference Number obtained prior to faxing this form.	

Certain devices and surgical techniques require clinical review to determine whether they are covered by the member's policy, and if their utilization is in accordance with FDA-approved indications. Please provide the following information to assist us in determining coverage of your patient's planned procedure:

- ☐ COMPLETED SPINE SURGERY INFORMATION REQUEST FORM (ATTACHED).
- ☐ CLINICAL RECORDS, INCLUDING PATIENT HISTORY AND PROGRESS NOTES.
- ☐ RESULTS OF CONSERVATIVE CARE.
- ☐ RADIOLOGY REPORTS (X-RAYS/MRI).

You may view UnitedHealthcare policies in detail at:

UnitedHealthcareOnline.com > Policies and Protocols > Medical and Drug Policies.

NOTE: **IF REQUESTED INFORMATION IS INCOMPLETE, PAYMENT FOR THE CLAIM MAY BE DENIED.**

Completion of the notification process is not a guarantee of claims payment. Claims payment is subject to member eligibility, benefits and application of coverage as outlined in the member's coverage documents.

CONFIDENTIALITY NOTICE: Information accompanying this fax is considered to be UnitedHealthcare's confidential and/or proprietary business information. This information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to Health Insurance Portability and Accountability Act (HIPAA). Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.

