



Confirmation of Precertification approval

Precertification Date: 02/01/2016 (Precertification valid for 30 days)

Participant ID Number: 1234988990
Participant Name: Doe, Jane L
Participant DOB: 01/01/1967
Participant Phone Number: 999-999-9999

Ordering Physician: John Smith
Physician Phone: 999-999-9998

Rendering Facility: ABC Imaging
Rendering Facility NPI: xxxxxxxxxxxx
Rendering Facility Phone: 999-999-9997

Precertification Number: 1234567
70460 CT HEAD/BRAIN W/DYE-
401.1 ESSENTIAL HYPERTENSION, BENIGN

Precertification has been issued by HealthHelp for the procedure identified above, to be performed at the facility listed above.

If you have any questions, please contact the help desk at 800-392-8030 option 5.

Note: This notification does not represent a guarantee of payment. Payment is subject to participant eligibility and plan provisions at the time services are provided.

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