

High Tech Imaging Ordering Program Procedure Request Form

Fax to: 866-787-3310

Or call: 866-773-1072

Or log in to: www.healthhelp.com/PUP

Date of Request		Date of Service	
Contact Name		Contact Phone #	
PUP Member Name		PUP Member ID #	
		Member DOB	
Ordering Provider and Practice		Practice Phone #	
		Practice Fax #	
Name and Address of Rendering Facility		Rendering Facility Phone #	
		Rendering Facility Fax #	
Rendering Facility Network Status	In-Network <input type="checkbox"/> Out of Network <input type="checkbox"/>	Expedite?	Do not use this form for authorizations that need immediate response (urgent). Please call 1-866-773-1072.

Procedure Requested and Related Diagnosis

Procedure Name		CPT Code 1	
		CPT Code 2	
		CPT Code 3	
Primary Diagnosis		ICD-9 Code	

Member Symptoms and Duration

Member Medication and Duration

--	--

Prior Imaging Studies and Results

Prior Laboratory Studies and Results

--	--

Please attach any additional relevant clinical information.