health**first**^{Spinal Surgery} Prior Authorization Request Form

Instructions: 1. Use this form as the fax cover sheet when requesting Spinal Surgery prior authorization for Healthfirst members.

. Please complete and Fax this requ	est form along with all supporting clinical	documentation to OrthoNet at 1-844-478-8250.
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3. For assistance in completing this form, please contact OrthoNet toll free at 1-844-504-8091.

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4. Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle for selection where applicable.

NOTE: The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material / information in error, please contact the sender and delete or destroy the material/information.

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