



579A Cranbury Rd. East Brunswick, NJ 08816

_____ (“PROVIDER”) designates University Radiology Client Services (“URCS”) or its contracted agents call center, on a non-exclusive basis, to submit clinical authorization requests on its behalf. PROVIDER agrees that when requesting that URCS’s call center submit a clinical authorization request for a patient, PROVIDER shall furnish URCS’s call center complete and accurate documentation of the patient’s diagnosis, clinical condition, test results, and treatment history in order to demonstrate medical necessity.

No Assurance of Authorization Approval

PROVIDER understands that URCS makes no representation to PROVIDER or assurances that the designation of URCS’s call center to submit clinical authorization requests hereunder shall result in approval of any preauthorization request. URCS shall have no liability to PROVIDER or any patient for any failure to obtain an authorization.

No Limitation to University Radiology Group, PC (“URG”) Facilities

PROVIDER understands that patients are in no manner limited to obtaining diagnostic tests at a URG participating facility notwithstanding that URCS’s call center may have submitted the underlying clinical authorization request. PROVIDER retains at all times the ability to directly submit clinical authorization requests or to supplement existing requests.

Transparency of Call Center; Provision of Medical Record Documentation

PROVIDER shall not provide URCS’s call center with its website login and password credentials. PROVIDER understands that URCS representatives will identify themselves as representatives of URCS and will disclose the nature of the clinical authorization program. URCS’s call center will use its own login and password credentials when submitting PROVIDER clinical authorization requests via the Internet. For clinical authorization requests, PROVIDER agrees to provide copies of patient information and medical records to URCS’s call center upon request and at no charge. PROVIDER agrees to provide any reasonable documentation to the patient’s health plan that may be required for an appeal of an adverse authorization decision.

Accurate Information; Compliance

PROVIDER understands and acknowledges that any person furnishing materially false or misleading information to URCS in connection with a clinical authorization request may be subject to civil liability and/or criminal penalties and that in such event URCS may terminate, suspend or otherwise limit PROVIDER’s rights under this designation and advise the health plan of such action for its information and action. PROVIDER shall comply with the Health Insurance Portability and Accountability Act of 1996, as amended [HIPAA], with respect to the transfer of patient information to, and maintenance of patient information by, URCS’s call center.

By signing this designation, you will be agreeing to the above terms and conditions of the foregoing Designation Agreement. In so doing, you attest that you are the physician identified below OR that you are authorized to execute the foregoing Agreement on behalf of the Group identified below and that the Group is authorized to execute the foregoing Agreements on behalf of the physicians that are billed under the Group’s TIN.

Provider Organization Name _____
Provider Organization Street Address _____
Provider Organization City, State Zip Code _____

TIN: _____ Organization NPI: _____

Authorized signature: _____

Printed Name and Title: _____

Date: _____