



Regional  
Brain & Spine  
Expertise. Service. Integrity.

### Billing Authorization Form

Patient Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Claim #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Please select the service you are requesting:

\_\_\_\_\_ **Evaluation and treatment consultation:** *Includes review of new diagnostic imaging, coordination of care, drug screening and ongoing treatment. Regional Brain and Spine will obtain prior authorization for any procedures/testing/referrals prior to scheduling.*

\_\_\_\_\_ **One Time Visit:** *Consult that includes a complete neurological exam, review of diagnostic studies, formulation of diagnostic impression, and treatment recommendations. (This is not applicable if the patient has been released at MMI or had previous neurosurgical or orthopedic spine opinion.) **The one time visit does not include medical record review, reference to causation or MMI determination, (please request an IME from our office to address).***

Please fill out this form completely/sign, and return via fax # 573-339-0016. We must receive this form prior to scheduling an appointment. Please send all pertinent medical records prior to the scheduled appointment. Records can be faxed to 573-339-0016, mailed to 1723 Broadway suite 410 Cape Girardeau, MO 63701 Attn: Stephanie L., or e-mailed to [wc@regionalbrainandspine.com](mailto:wc@regionalbrainandspine.com). Any questions, please contact our work comp coordinator Stephanie at 573-332-5635.

**Please provide the information below to facilitate the billing and payment process.**

Charges should be sent to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

State of Jurisdiction: \_\_\_\_\_ Injury location authorized to treat (back, neck, etc) \_\_\_\_\_

Adjuster Name/phone/fax: \_\_\_\_\_

Case Manager Name/phone/fax: \_\_\_\_\_

***I authorize payment in full for services provided to the above named patient by the providers of Regional Brain and Spine, unless otherwise contracted. (RBS is contracted with Comp Logic, Comp Results, Corvel, Healthlink, Adva-Net, LogiComp, and Three Rivers. Also accepting the fee schedule for the States of Illinois and Arkansas, not combined with another contract.) Our clinic does not accept usual and customary pricing. Any negotiations outside of the above contracts need to be completed prior to rendering services. Contact our billing supervisor Tara Morgan, CPC at 573-332-7746 ext 106.***

\_\_\_\_\_  
Signature of Authorizing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Agent