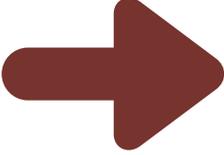


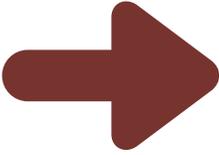
# SSO MRI PRIOR AUTHORIZATION PROCESS

**Step 1:**  
Your provider will  
order an MRI at your  
appointment.



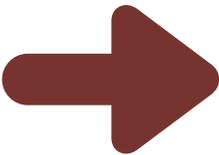
**Step 2:**  
Your MRI facility is based on  
your PCP affiliation,  
proximity to your home, etc.  
Any specific requests should  
be made at the time of the  
order being placed. We are  
more than happy to  
schedule at a facility that is  
most convenient for you.

**Step 3:**  
This order is sent to the SSO prior  
auth. department who will start  
working on this within 24-48 hrs.  
The process starts with SSO  
completing an initial request;  
submitting clinical information  
for review, to ensure the service  
meets the established guidelines  
within your health insurance  
plan.



**Step 4:**  
If prior authorization is  
required from your  
insurance plan, the  
request is sent to the  
insurance company in  
which they typically  
respond within 1-3  
business days.

**Step 5:**  
Once the MRI has been  
approved, the MRI order is  
faxed to one of the local  
facilities who will then  
contact you directly to  
schedule your exam. This  
ensures patients getting an  
appointment that works  
with their availability.



**Step 6:**  
After your MRI is performed,  
a copy of the report will be  
sent to our office. SSO staff  
will contact you directly to  
schedule a follow up  
appointment and/or  
discuss the results over the  
phone.



Please allow 3-5 business days for the office to obtain this approval. The turnaround time may take longer depending on your insurance plan requirements. Contact the office with any additional questions or concerns/requests.

*A prior authorization is the process of healthcare providers obtaining approval from a health plan before a specific procedure is performed to be certain the testing qualifies for payment coverage. An authorization is not a guarantee of payment. Authorizations are based on medical necessity & are contingent upon eligibility & benefits. Benefits may be subject to limitations and/or qualifications & will be determined when the claim is received for processing.*

*"No bones about it... we will get back to you as soon as possible"*