Radiology & Cardiology

Health Alliance Plan of Michigan

EviCore
By EVERNORTH

hap
Health Alliance Plan of Michigan

2/27/2024

Agenda

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Radiology & Cardiology

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Solution Overview

Health Alliance Plan of Michigan Prior Authorization Services

EviCore will begin accepting prior authorization requests for radiology and cardiology advanced imaging services on June 1, 2011 for dates of service June 1, 2011 and after.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Commercial • Medicare	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

It is the responsibility of the ordering provider to request prior authorization approval for services.

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Advanced Imaging

Services within Scope:

- CT, CTA

- MRI, MRA

- PET, PET/CT

- 3D Imaging

- Advanced Imaging (CT & MRI)

- Nuclear Cardiac Imaging (NCM/MPI)

To find a list of CPT codes that require prior authorization through EviCore, please visit: https://www.EviCore.com/resources/healthplan/hap

Submitting Requests

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How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time**: Quicker process than requests by phone or fax.

- **Available 24/7.**

- **Save your progress**: If you need to step away, you can save your progress and resume later.

- **Upload additional clinical information**: No need to fax supporting clinical documentation; it can be uploaded on the portal.

- **View and print determination information**: Check case status in real time.

- **Dashboard**: View all recently submitted cases.

- **E-notification**: Opt to receive email notifications when there is a change to case status.

- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

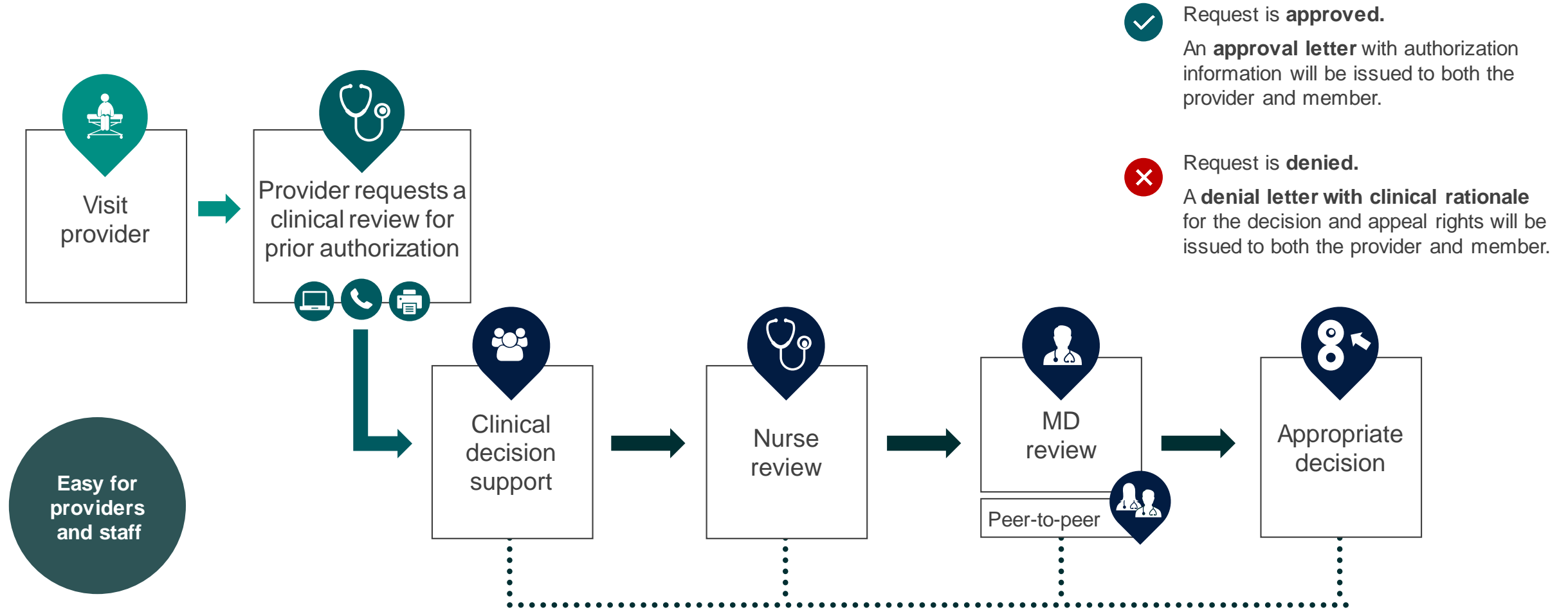To access the EviCore Provider Portal, visit **www.EviCore.com**

Phone: 888-564-5487
Monday – Friday
7 AM – 7 PM (local time)

Fax: 800-540-2406

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Utilization Management | Prior Authorization

Visit provider

Provider requests a clinical review for prior authorization

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

Easy for providers and staff

Request is **approved.**

An **approval letter** with authorization information will be issued to both the provider and member.

Request is **denied.**

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

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Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Member
- Health Plan ID
- Member name
- Date of birth (DOB)

Referring (Ordering) Provider
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:

A hold letter will be faxed to the requesting provider requesting additional documentation.	The provider must submit the additional information to EviCore.	EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

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Pre-Decision Options | Medicare Members

I've received a request for additional clinical information. What's next?

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

There are three ways to supply the requested information:

1. **Fax** to **800-540-2406**.
2. **Upload** directly into the case via the provider portal at **EviCore.com**.
3. **Request a Pre-Decision Clinical Consultation.**
   This consultation can be requested via the EviCore website, and must occur prior to the due date referenced in the notification.

PLEASE NOTE: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go to the provider and member, and status will be available on EviCore.com.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **180 calendar days** from the date of approval.

- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).

- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.

- Web initiated cases will receive e-notifications when a user opts to receive.

- Members will receive a letter by mail.

- Approval information can be printed on demand from the EviCore portal: www.EviCore.com

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Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **365 calendar days** from the date of services.

- Retro requests submitted beyond this timeframe will be administratively denied.

- Reviewed for clinical urgency and medical necessity.

- Retro requests are processed within **14 calendar days**.

- When authorized, the start date will be the submitted date of service.

- Clinical submitted for retrospective review should include:

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.

- Can be initiated on provider portal or by phone.

- Urgent cases are typically reviewed within 24 to 72 hours.

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Special Circumstances

Alternative Recommendations

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.

- Providers have up to **14 calendar days** to contact EviCore to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-564-5487**.

- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).

- If the authorization is not updated, it may result in a claim denial.

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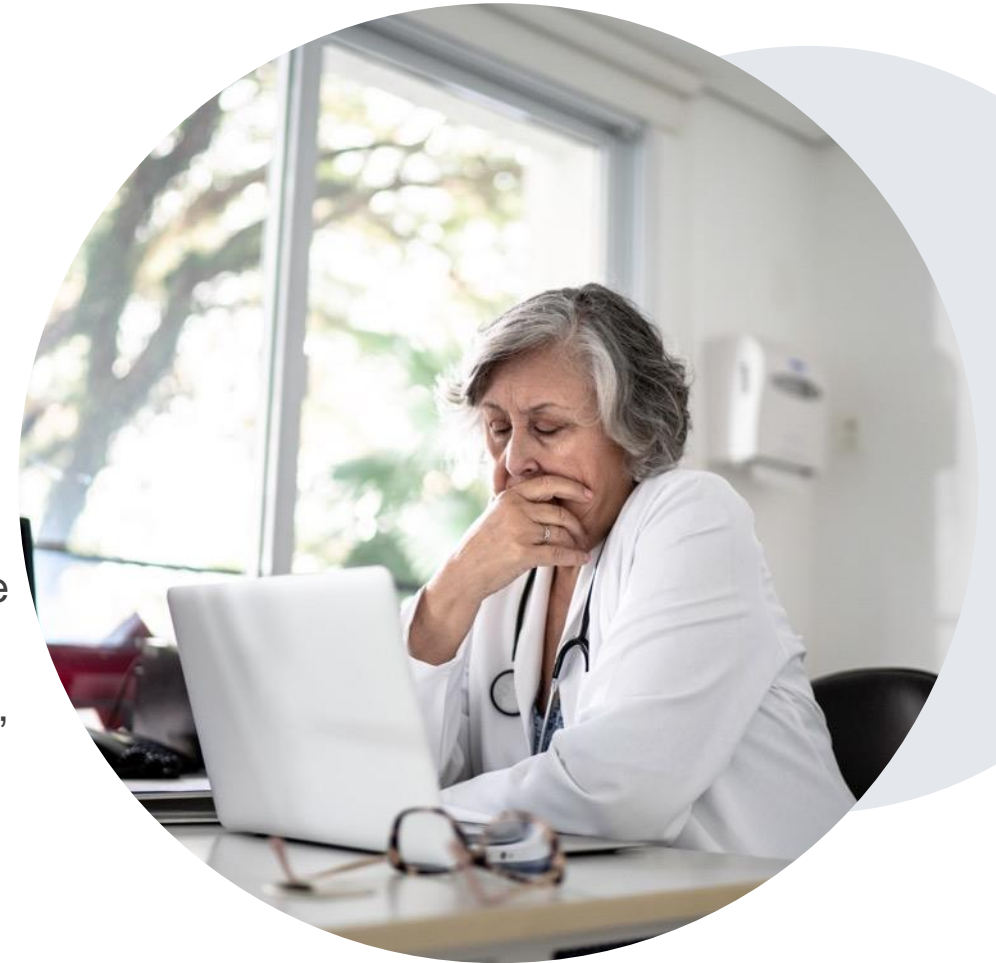
Post-Decision Options |
Commercial Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call EviCore at **888-564-5487** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the authorization lookup function on **EviCore.com** to see available options.

Reconsiderations

- Reconsiderations must be requested within **15 business days** of the determination date.
- Reconsiderations can be requested with an EviCore physician.

Appeals

- EviCore will process first-level appeals for providers only.
- Appeal requests can be submitted in writing or verbally within **45 calendar days** of the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

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Post-Decision Options |
Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.

- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases **do not** include a reconsideration option.

Appeals

- EviCore **will not** process first-level appeals for Medicare members.

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EviCore Provider Portal

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EviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- Track recently submitted cases

EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

To access resources on the EviCore Provider Portal, visit **EviCore.com/provider**

Already a user?

Log in with User ID & Password.

Don't have an account?
Click **Register Now**.
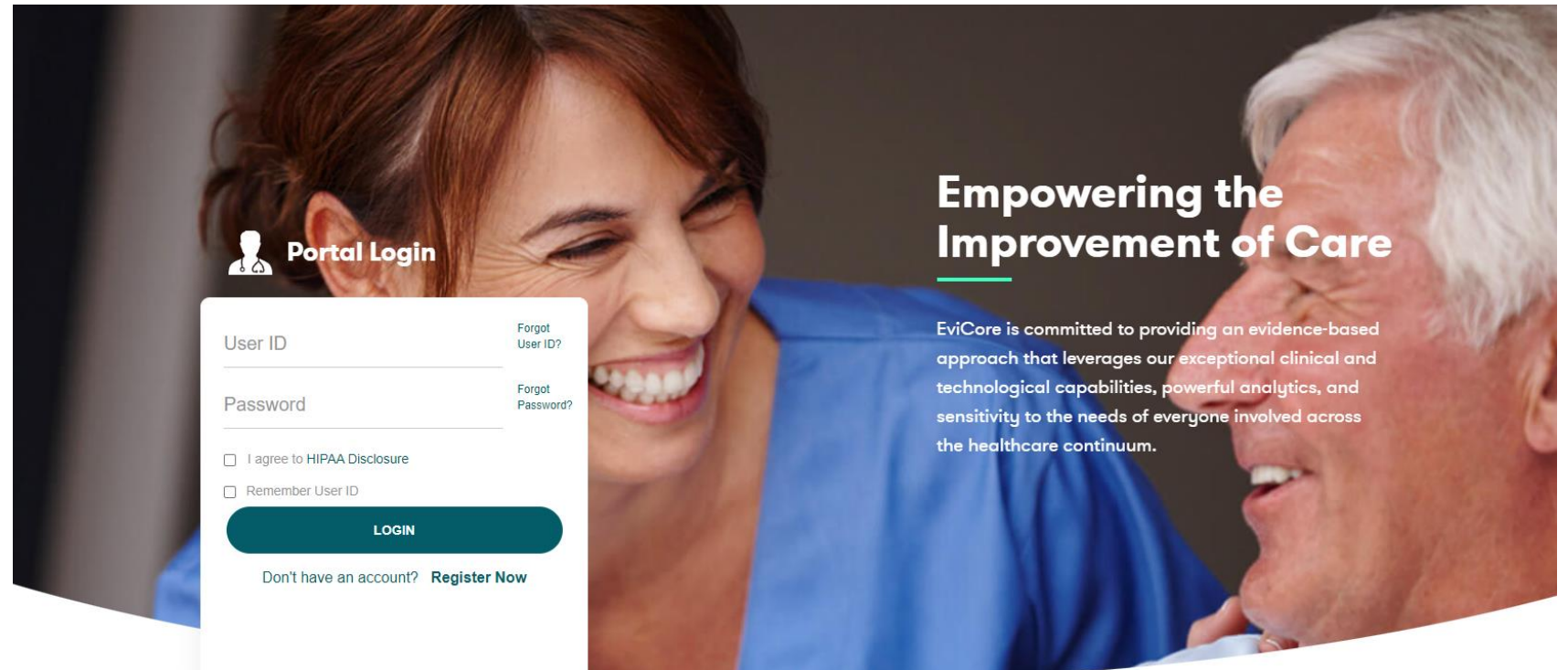
EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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Creating an EviCore Provider Portal Account

- Select **CareCore National** as the Default Portal.

- Complete the User Information section in full and **Submit Registration**.

- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.

- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**

- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.

- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

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EviCore Provider Portal | Add Providers

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |

You can add providers to your account by:

- Click the **Manage Your Account** tab.

- Select **Add Provider**.

- Enter the NPI, state, and zip code to search for the provider.

- Select the matching record based upon your search criteria and the provider will be added to your provider list in your account.

- Click **Add Provider** to add other providers to your account.

- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Manage Your Account

Office Name:
Address:

CHANGE PASSWORD   EDIT ACCOUNT

Primary Contact:
Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI
Practitioner State   ▾
Practitioner Zip

FIND MATCHES   CANCEL

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Provider Portal Demo | Radiology & Cardiology

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click **HERE** to view a video demo (2 min)

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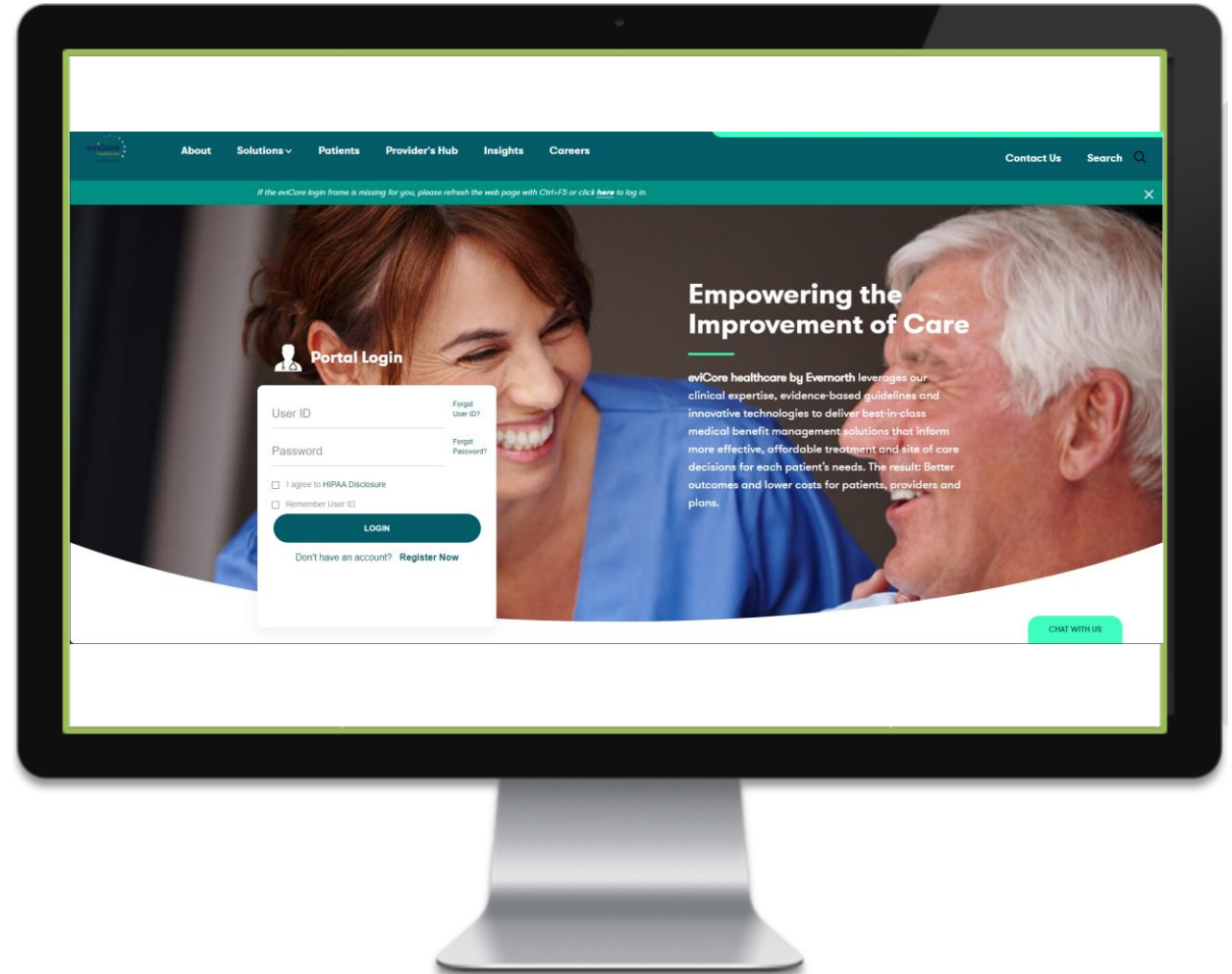
CareCore National Portal Features

Provider Portal | Feature Access

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |

User Worklist

Most popular portal feature

Check if a member requires an auth

Pick up where you left off

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Certification Summary | User Worklist

- **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

Authorization Lookup | Popular Tool

- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

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Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: **ClientServices@EviCore.com**
- Phone: **800-646-0418** (option 4).

Web-Based Services and Portal Support

- Live chat
- Email: **Portal.Support@EviCore.com**
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

Provider Engagement Manager Territory List

Call Center/Intake Center

Call **888-564-5487**, representatives are available from 7 a.m. to 7 p.m. local time.

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Provider Resources at EviCore.com

EviCore maintains provider resource pages that contain health-plan-specific and solution-specific educational material to assist providers and their staff on a daily basis. This page will include:

- Frequently asked questions

- Quick reference guides

- Provider training

- CPT code list

To access these helpful resources, visit:

https://www.evicore.com/resources/healthplan/hap

EviCore also maintains online resources <u>not</u> specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's **Provider's Hub**.

Ongoing Provider Portal Training

The EviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register:

1. Go to **http://EviCore.webex.com/**

2. Click on the "hamburger" menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.

3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training.**

4. Choose the date and time for the session you would like to attend, and click the **Register** link beside it. (You will need to register separately for each session.)

5. Complete the required information and click the **Register** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail** so you will have the Web conference information for the session in which you will be participating.

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Provider Resource Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate **EviCore.com** and understand all the resources available on the Provider's Hub.

Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming

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EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.

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Thank You

Appendix

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Portal Case Submission

Clinical Certification Request | Initiating a Case

- Click **Clinical Certification** to begin a new request.

- If you did **not** add providers to your account, then you will get a message indicating there are no active providers associated with your account. Then, click **Manage Your Account**.

- Select the **Program** for your certification.

Clinical Certification Request | Search and Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

[   ] SEARCH   CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI: [   ] SEARCH

BACK   CONTINUE

Click here for help

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.

- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

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Clinical Certification Request | Search and Select Provider

By choosing **YES**, the practitioner will be added to the provider list in your account.

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

Clinical Certification Request | Select Health Plan

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[Please Select a Health Plan ▾]

[BACK] [CONTINUE]

Click here for help

- Choose the appropriate **health plan** for the request.

- Another drop down will appear to select the appropriate address for the **provider**.

- Click **CONTINUE**.

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Clinical Certification Request | Enter Contact Information

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☑ Receive notification of case status changes

BACK   **CONTINUE**

Click here for help

- Enter/edit the **provider's name** and appropriate information for the point of contact.

- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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Clinical Certification Request | Enter Member Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Patient Eligibility Lookup

Patient ID:*
Date Of Birth:* MM/DD/YYYY
Patient Last Name Only:* [?]

Leading zeros in the Patient ID will be ignored. Patient ID is 11 numeric digits.

ELIGIBILITY LOOKUP

BACK

Click here for help

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT					W	

BACK

- Confirm the patient's information and click **SELECT** to continue.

Clinical Certification Request |
Enter Requested Procedure and Diagnosis

- Select appropriate **CPT** and **Diagnosis codes**.

Clinical Certification Request | Verify Service Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:	TBD
CPT Code:	73721
Description:	MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code:	R68.89
Primary Diagnosis:	Other general symptoms and signs
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK **CONTINUE**

Click here for help

- Verify requested service & diagnosis.
- Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**.
- Click **CONTINUE** to confirm your selection.

Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ○ Exact match
                                                       ◉ Starts with

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).

- **Select** the specific site where the procedure will be performed.

Clinical Certification Request | Clinical Certification

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK   CONTINUE

- Verify that all information is entered and correct.
- **You will not have the opportunity to make changes after this point.**

Clinical Certification Request | Standard or Urgent Request?

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ○ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ○ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ○ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen

[UPLOAD]

Proceed to Clinical Information

Is this case Routine/Standard?

[YES] [NO]

- If the case is **standard,** select **Yes**.

- If your request is **urgent,** select **No**.

- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.

- Upload up to **FIVE** documents. *(.doc, .docx, or .pdf format; max 5MB size)*

- Your case will only be considered urgent if there is a successful upload.

Clinical Certification Request | Request for Clinical Upload

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File	Test clinical.docx
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

UPLOAD   SKIP UPLOAD

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

- Providing clinical information via the web is the fastest and most efficient method.

- Enter additional notes in the space provided only when necessary.

- Additional information uploaded to the case will be sent for clinical review.

- Print a summary of the request that includes the case ID and indicates "Your case has been sent to clinical review."

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Peer-to-Peer (P2P) Scheduling Tool

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How to Schedule a Peer-to-Peer (P2P) Request

- Log into your account at www.EviCore.com

- Perform Authorization Lookup to determine the status of your request.

- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer conversation:

- If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

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How to Schedule a Peer-to-Peer Request

- Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the **All Post Decision Options** button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Eligibility Result:		
P2P Status:		

ALL POST DECISION OPTIONS

- Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

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How to Schedule a Peer-to-Peer Request

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the case number and member date of birth (DOB) for the case you just looked up.
- You can add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
- To proceed, select **Lookup Cases**.

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click **Continue** to proceed.

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How to Schedule a Peer-to-Peer Request

- You will be prompted with a list of EviCore physicians/reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

- You will be prompted to identify your preferred days and times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

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How to Schedule a Peer-to-Peer

Confirm Contact Details

- Contact person name and email address will auto-populate per your user credentials.

- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Canceling or Rescheduling a Peer-to-Peer Appointment

To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.

- Go to **My P2P Requests** on the left pane navigation.

- Select the request you would like to modify from the list of available appointments.

- Once opened, click on the schedule link; an appointment window will open.

- Click on the **Actions** drop-down and choose the appropriate action.

  - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

  - If choosing to cancel, you will be prompted to enter a cancellation reason.

- Close browser once done.

Appointment

Appointment Details: Actions ⌄

ⓘ SCHEDULED   Reschedule Appointment
📅 Mon 5/18/20
🕐 6:30 pm EDT   Cancel Appointment

P2P Contact Info:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe