Provider/Group:	Patient Name:
Provider Fax:	Patient ID:

Dear NEBRASKA Provider:

We are unable to process your authorization request based on missing and/or incomplete information. Please fax back a revised authorization request for consideration that includes the following item[s] (refer to box[es] marked with "√" or "X"):

- ☐ Name of provider is missing/illegible.
- ☐ Provider is not an approved NTC network provider.
- ☐ Provider's signature is not on form.
- ☐ Eligibility cannot be verified for the member.
- ☐ Member's coverage terminated on _____
- ☐ Requested CPT code is missing.
- ☐ Diagnosis (Axis I-V) is missing.
- ☐ Risk assessment is not completed.
- ☐ Incorrect form used.
- ☐ Incomplete treatment plan information.
- ☐ Member has active authorization for similar services. Member must contact NTC.
- ☐ Duplicate request. Original authorization _____
- ☐ We cannot backdate your request to start on _____
- ☐ Please submit a completed OTR within the current month.
- ☐ Other: _____

Please return this fax to 1-866-593-1955 with the information requested.
If we do not receive a response within 3 business days of this notice, your request will be closed.

If you have any questions, please call:
Nebraska Customer Service – (844) 385-2192

Thank you.
UM Support Specialist – Nebraska

As a reminder, authorization is based upon medical information provided. Authorization is not a guarantee of benefits or payment. NTC will not pay claims for patients who are not eligible for benefits at the time of service. It is the patient's responsibility to notify the provider of any changes in their benefit plan. Payment of benefits is subject to any subsequent review of medical information or records, the patient's eligibility on the date the service is rendered, and any other contractual provisions of the plan.