ACTION REQUIRED: ADVANCED RADIOLOGY SCHEDULING SERVICE

MVP recently communicated that we are committed to helping members make informed choices about their health care. As communicated in MVP’s July/August Healthy Practices newsletter and through a letter sent to your practice in July, we are expanding our relationship with CareCore National to include a concierge service to assist members with scheduling advanced radiology services (MRI, MRA, CAT and PET scans), subject to all necessary regulatory approval.

ACTION REQUIRED BY SEPTEMBER 15, 2012
To provide this concierge scheduling service to our members, MVP must supply CareCore National with the following information about your facility:

- Scheduling phone number
- List of services provided at each location (MRI/MRA, CT, PET, PET CT)

We do not have a response from your practice. It is imperative that we have this information by September 15th in order to provide CareCore National with accurate data on our provider network.

Please complete the form included with this fax and return it to MVP no later than September 15. If your group has more than one location, please complete one form per location. Please copy this form as needed.

Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-999-3920.
DATA REQUEST FORM
ADVANCED IMAGING SERVICES / CREDENTIALED FREESTANDING RADIOLOGY FACILITY

Facility Name: ______________________________________________________________

Tax Identification Number of Group:______________________  NPI: __________________

Check the box below that applies to your group:

☐ Yes - Advanced Radiology Services are performed by this facility.
    Please list all offices that perform these services and the modalities they offer.
    You may copy this form if you have more than two locations.

Location 1:
Address: _________________________________________________________________

City:_____________________________ State:__________  Zip Code:__________

Scheduling Phone #:_________________________ Fax #:_________________________

Modalities Offered (circle all that apply):    MRI/MRA     CT     PET     PET CT

Location 2:
Address: _________________________________________________________________

City:_____________________________ State:__________  Zip Code:__________

Scheduling Phone #:_________________________ Fax #:_________________________

Modalities Offered (circle all that apply):    MRI/MRA     CT     PET     PET CT

☐ No - Advanced Radiology Services are not performed by this facility or any of our
    locations.

Contact Information:
Name:___________________________________________ Phone: ___________________

Signature:________________________________________ Date: ____________________

FAX Completed Form(s) to: MVP Provider Data at 518-388-2200.