



## OLIVE BRANCH MEDICAL SERVICES PROCEDURE GUIDELINES

1. The completed Patient Procedure Request Form is to be faxed to Olive Branch Medical at (702) 534-2577.
  
2. Olive Branch Medical will fax back an Acceptance or Denial concerning the procedure.
  
3. On the day that the patient is seen, the following documents are to be signed by the patient.
  - A. Authorization for Release of Protected Health Care Information.
  - B. Medical Lien signed by patient.
  
4. After the procedure is performed, the following documents are to be delivered to Olive Branch Medical, LLC:
  - A. Individual Assignment of Account Receivable.
  - B. Final billing HICFA or UB92.
  - C. All related medical records, including MRI report.
  - D. Patient signed Medical Lien.
  - E. Authorization for Release of Protected Health Care Information.

In the event that you have any questions, please call us at (702) 534-2577.