



Main

Settings

Logout

Monday, March 04, 2024 07:06:43 AM

Welcome TEST123

Providers

Members

Auth/Referrals

Claims

References

Favorites

General

Inquiry

Auth Submission

Referral
Submission

drop down Auth/Referrals
Click on Auth Submission



EZ-NET v6.9.0

Presented By



Click on Priority Status Magnifying glass
to choose Priority Status.
Status defaults to Routine

Main

Settings

Logout

Monday, March 04, 2024 07:08:57 AM

Welcome TEST123

Providers

Members

Auth/Referrals

Claims

References

Favorites

General

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Authorization Submission Entry

Company ID:

Master Record

Requested Date: Time:

Priority Status:

LOS:

Member ID:

Name:

Service Area:

Requesting Provider ID:

Service Area:

Requested Provider ID:

Service Area:

Facility ID:

Place Of Service: From Favorites

Request Category:

Service Type:

Admit Type:

Patient Status:

Auth Action:

Auth Expiration:

Authorized Units:

Healthplan Name:

Gender: DOB:

Requested Units:

Certification Type:

Auth Service Pkg:

Admit Source:

Facility Type Code:

[Additional Master Info](#)

Diagnosis

Diagnosis Code:

[Add Diag](#)

(Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

Click on Magnifying glass to search for member

Authorization Submission Entry

Company ID: NVMG - NIVANO MEDICAL GROU

Master Record

Requested Date: 3/4/2024 Time: 07:12:12

Priority Status: 0 ROUTINE

LOS: 0

Member ID: 

Name:

Service Area:

Requesting Provider ID: 

Service Area:

Requested Provider ID: 

Service Area:

Facility ID: 

Place Of Service: SELECT A VALUE From Favorites

Request Category:  

Service Type:  

Admit Type:  

Patient Status:  

Auth Action: 3/4/2024

Auth Expiration: 6/2/2024

Authorized Units: 0

Healthplan Name:

Gender: DOB:

Requested Units: 0

Certification Type: 

Auth Service Pkg: 

Admit Source: 

Facility Type Code: 

Additional Master Info

Diagnosis

Diagnosis Code: 

Add Diag

(Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

Member Search [X]

Search [Clear] No of Records: [Ok] [Cancel]

Last Name: [] First Name: []
Date Of Birth: [] Subscriber SSN: []
Patient ID: [] Subscriber MBI: []
PCP ID: [] [] Member ID: []
Address 1: [] Gender: [SELECT v]
Address 2: [] City: []
State/Region: [] [] Zip: []
Healthplan: [SELECT A VALUE v]

Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan
Enter partial last name and first name or date of birth				

Authorization Submission Entry



Company ID: NVMG - NIVANO MEDICAL GROU

Master Record

Requested Date: 3/4/2024 Time: 07:12:12

Priority Status: 0 ROUTINE

LOS: 0

Member ID: [Search]

Name:

Service Area:

Requesting Provider ID: [Search]

Service Area:

Requested Provider ID: [Search]

Service Area:

Facility ID: [Search]

Place Of Service: SELECT A VALUE From Favorites

Request Category: [Search]

Service Type: [Search]

Admit Type: [Search]

Patient Status: [Search]

Auth Action: 3/4/2024

Auth Expiration: 6/2/2024

Authorized Units: 0

Healthplan Name:

Gender:

DOB:

Click on magnifying glass to search for requesting provider

Requested Units: 0

Certification Type: [Search]

Auth Service Pkg: [Search]

Admit Source: [Search]

Facility Type Code: [Search]

Additional Master Info

Diagnosis

Diagnosis Code: [Search]

Add Diag

(Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

Search for requesting provider by name. Then click search. Highlight provider name and click OK

Provider Search

Search Clear No of Records: 19 Ok Cancel

Last Name: ADAMS City: State/Region: Zip: Language: Service Area: From Favorites

Provider ID	Provider Name	Address 1	Address 2	City
1962511766	ADAMS JODI	1601 CUMMINS DRI		MODESTO
1376689778	ADAMS STEPHEN	2315 STOCKTON BO		SACRAMEN
1457452740	ADAMS MARIAN MENM	505 PARNASSUS AVE		SAN FRANCO
1285913970	ADAMS JONATHAN T	1355 EAST ST STE 2		REDDING
1487243994	ADAMS STEPHANIE	847 W CHILDS AVEN		MERCED
1396785853	ADAMS ANNE MARIE	1907 DOUGLAS BLVI		ROSEVILLE
1780180935	ADAMS KYLE	2700 GATEWAY OAK		SACRAMEN
1841731098	ADAMS BRETT JOSEPH	7373 WEST LANE		STOCKTON
1104239870	ADAMS BARBARA	CAPITAL FOOT & AN		SACRAMEN
1407934227	ADAMS BRETT L	7373 WEST LANE		STOCKTON

Page 1 of 1 Total Item(s): 19 100

Company ID: NVMG - NIVANO MEDICAL GROU

Master Record

Requested Date: 3/4/2024 Time: 07:12:12

Priority Status: 0 ROUTINE

LOS: 0

Member ID:

Name:

Service Area:

Requesting Provider ID:

Service Area:

Requested Provider ID:

Service Area:

Facility ID:

Place Of Service: SELECT A VALUE From Favorites

Request Category:

Service Type:

Admit Type:

Patient Status:

Auth Action: 3/4/2024

Auth Expiration: 6/2/2024

Authorized Units: 0

Healthplan Name:

Requested Units: 0

Certification Type:

Auth Service Pkg:

Admit Source:

Facility Type Code:

Additional Master Info

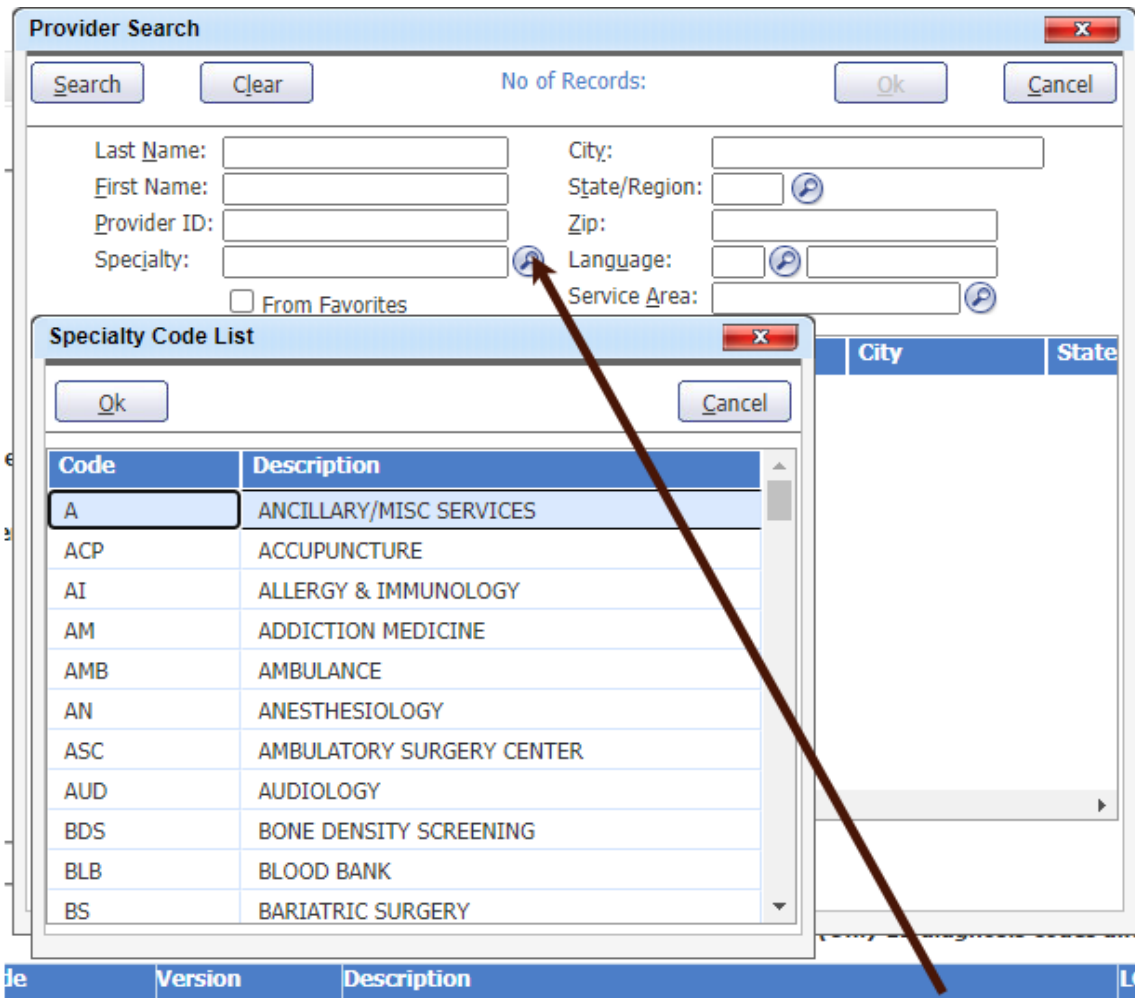
Diagnosis

Diagnosis Code:

Add Diag (Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

Click on magnifying glass to search for requested provider



Click on the magnifying glass for Specialty. Search for the specialty provider you are looking to send the member. Highlight the specialty and click OK. The UM department will correct the specialty to the requested provider when reviewing the authorization.

Requested Provider ID:

Service Area:

Facility ID:

Place Of Service: From Favorites

Request Category:

Service Type:

Admit Type:

Patient Status:

Requested Units:

Certification Type:

Auth Service Pkg:

Admit Source:

Facility Type Code:

[Additional Master](#)

Diagnosis

Diagnosis Code:

(Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

Drop down Place of Service and choose place of service

Diagnosis

Diagnosis Code:



Add Diag

(Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

Enter Diagnosis Code WITHOUT decimal. Then click add. You may add up to 12 diagnosis codes

Auth Action:

Auth Expiration:

Auth Action: Auth Expiration:

Service Requested

Procedure Code: Service Type: PROF

Auth Procedure Group:

Modifier 1: SELECT A VALUE From Favorites

Modifier 2: SELECT A VALUE

Modifier 3: SELECT A VALUE

Modifier 4: SELECT A VALUE

Service Line Amount: Line Rate:

Auth Qty: 1.000 Diag Ref: 1

Admit Date: Discharge Date:

Number of Days: 0 Admit Type:

Admit Source: Requested Qty: 1.000

Request Category: Certification Type:

Service Type: Facility Type Code:

Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Serv Type
---------------------	-------------	-----------------	---------------	--------------	-------------	------	------	------	------	----------	----------	------------	----------------	------------	--------------	---------	----------	-----------	-----------

Enter Procedure code and Qty. Then click Add Proc. for each procedure code you are requesting

Auth Notes
(Click to Enlarge Notes)

Authorization Submission Entry

NVMG - NIVANO MEDICAL GROU

3/4/2024 Time: 07:12:12

0 ROUTINE

0

Auth Action: 3/4/2024

Auth Expiration: 6/2/2024

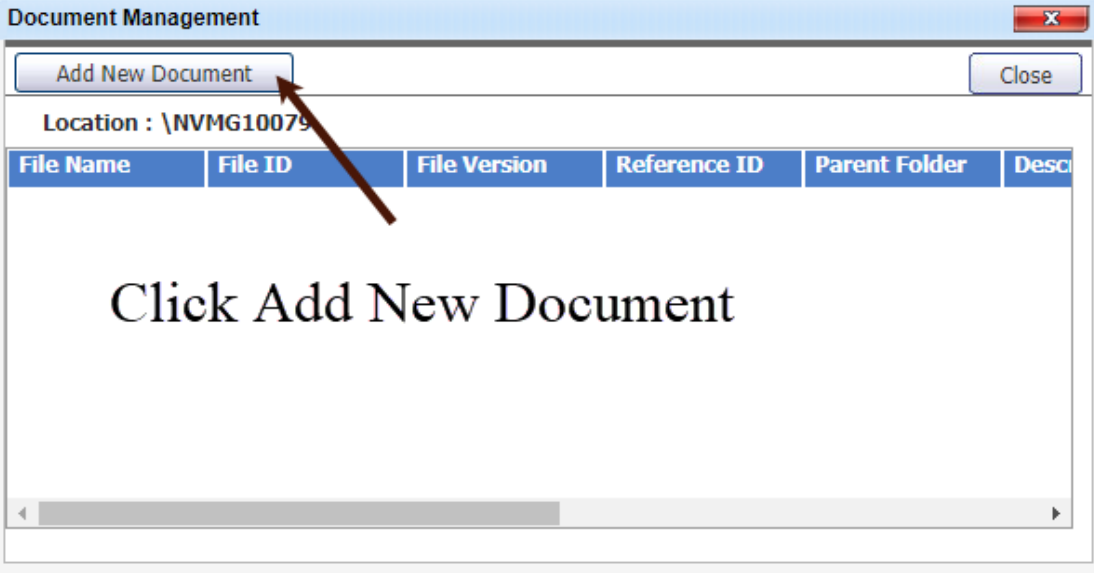
Authorized Units: 0

Healthplan Name:

rovider ID: ADAMS JODI

ovider ID:

All requests require documents to support submission request



File Upload ✕

File Upload

File: Choose File NO FILE CHOSEN

Reference ID:

Description:

Location:

Click choose file to browse for document

◀ ▶

File Upload ✕

File Upload

File: NO FILE CHOSEN

Reference ID:

Description:

Location:

For Reference ID give a short description of document and in Description give a longer description of the document. Then click upload

Facility Type Code:

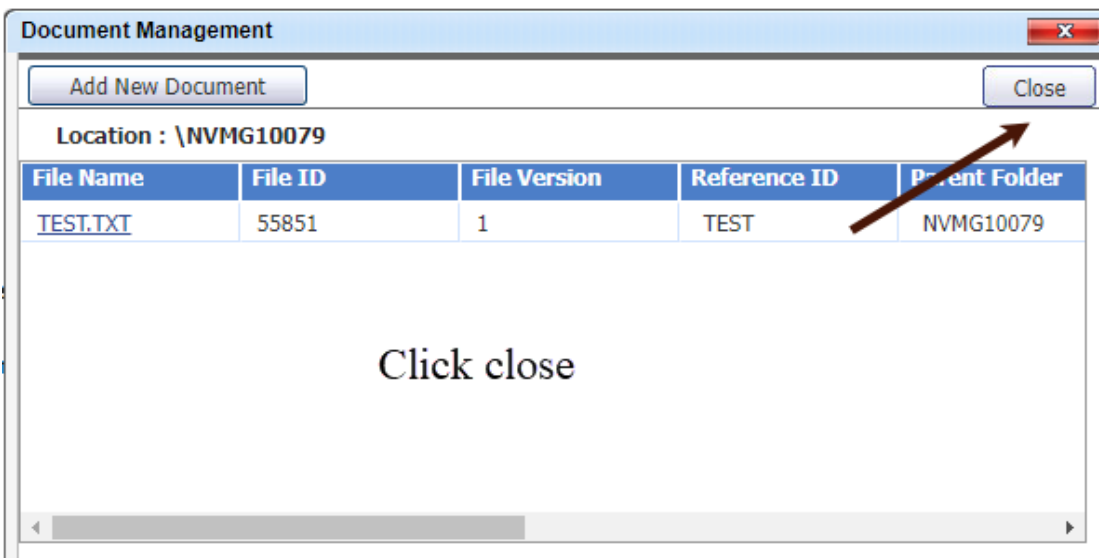
Document Management x

Add New Document Close

Location : \NVMG10079

File Name	File ID	File Version	Reference ID	Parent Folder
TEST.TXT	55851	1	TEST	NVMG10079

Click close



Auth Notes

(Click to Enlarge Notes)

ADD NOTES PERTAINING TO REQUEST -
REQUESTING PROVIDER NAME -
FACILITY IF REQUIRED-

Add notes pertaining to request. Name of provider you want member to see. Facility name if required. Then click submit request

Summary of Auth Submission

Request succeeded!

The Authorization was successfully entered into EZ-CAP

Your Tracking number is: 20240304711007900001

Performing Physician Information

Name:

Address:

Phone:

Fax:

THANK YOU FOR YOUR AUTHORIZATION SUBMISSION. YOUR AUTHORIZATION HAS BEEN SUCCESSFULLY SUBMITTED.

[Submit Another Auth](#)