

[Ordering Physician] designates Radiology Consultants of New Jersey, Inc.'s ("RADCON's") call center, on a non-exclusive basis, to submit clinical authorization requests on his/her behalf. [Ordering Physician] agrees that when requesting that RADCON's call center submit a clinical authorization request for a patient, [Ordering Physician] shall furnish RADCON's call center complete and accurate documentation of the patient's diagnosis, clinical condition, test results, and treatment history in order to demonstrate medical necessity.

**No Assurance of Authorization Approval**

[Ordering Physician] understands that RADCON makes no representation to [Ordering Physician] or assurances that the designation of RADCON's call center to submit clinical authorization requests hereunder shall result in approval of any preauthorization request. RADCON shall have no liability to [Ordering Physician] or any patient for any failure to obtain an authorization.

**No Limitation to RADCON Facilities**

[Ordering Physician] understands that patients are in no manner limited to obtaining diagnostic tests at a RADCON participating facility notwithstanding that RADCON's call center may have submitted the underlying clinical authorization request. [Ordering Physician] retains at all times the ability to directly submit clinical authorization requests or to supplement existing requests.

**Transparency of Call Center; Provision of Medical Record Documentation**

[Ordering Physician] shall not provide RADCON's call center with its website login and password credentials. [Ordering Physician] understands that RADCON representatives will identify themselves to as representatives of RADCON and will disclose the nature of the clinical authorization program. RADCON's call center will use its own login and password credentials when submitting [Ordering Physician's] clinical authorization requests via the Internet. For clinical authorization requests, [Ordering Physician] agrees to provide copies of patient information and medical records to RADCON's call center upon request and at no charge. [Ordering Physician] agrees to provide any reasonable documentation to RADCON's call center or the patient's health plan that may be required for an appeal of an adverse authorization decision.

**Accurate Information; Compliance**

[Ordering Physician] understands and acknowledges that any person furnishing materially false or misleading information to RADCON in connection with a clinical authorization request may be subject to civil liability and/or criminal penalties and that in such event RADCON may terminate, suspend or otherwise limit [Ordering Physician's] rights under this designation and advise the health plan of such action for its information and action. [Ordering Physician] shall comply with the Health Insurance Portability and Accountability Act of 1996, as amended [HIPAA] with respect to the transfer of patient information to, and maintenance of patient information by, RADCON's call center.

By signing this designation, you will be agreeing to the above terms and conditions of the foregoing Designation Agreement. In so doing, you attest that you are the physician identified below OR that you are authorized to execute the foregoing Agreement on behalf of the Group identified below and that the Group is authorized to execute the foregoing Agreements on behalf of the physicians that are billed under the Group's TIN.

Physician Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
OR Group Name: \_\_\_\_\_  
TIN: \_\_\_\_\_ Individual NPI: \_\_\_\_\_ or Organization NPI: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Preferred Method of Contact  
Email: \_\_\_\_\_  Fax: \_\_\_\_\_  
Office Contact: \_\_\_\_\_  Secure Email  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_