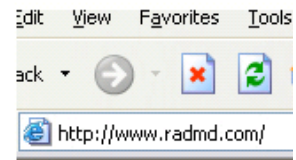


RadMD® Access for Ordering Providers to Request Prior Authorization

To get started, simply go to:

1 Go to www.RadMD.com



Open your Internet browser and navigate to RadMD.com.

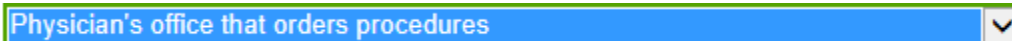
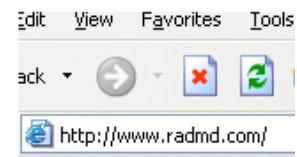
2 Click the New User button on the right hand side of the home page



Complete form only for yourself. Shared accounts are not allowed.

3 What best describes your company

Select link “Physician’s office that orders procedures”



4 Create a User ID for yourself

Choose a User ID

You will use this User ID to Sign- In to initiate authorizations using RadMD.





5 Complete information

Complete your name, phone number, fax number, company name and job title.

| | | |
|---------------------|----------------------|----------------------|
| Name | <input type="text"/> | <input type="text"/> |
| | First | Last |
| Phone | <input type="text"/> | <input type="text"/> |
| | (xxx) xxx-xxxx | (xxx) xxx-xxxx |
| Company Name | <input type="text"/> | <input type="text"/> |
| | | Job Title |

Enter your e-mail address:

| | | | |
|--------------|--------------------------|----------------------|----------------------|
| Email | <input type="text"/> | Confirm Email | <input type="text"/> |
| | example: you@company.com | | |

Fill out your office address:

| | | | |
|----------------|-----------------------------|----------------------|----------------------|
| Address | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | example: 123 Main St. | | |
| | <input type="text"/> | | |
| | example: Suite A (optional) | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | City | [State] | Zip |

6 Provide your supervisor information

| | | | |
|---|----------------------|----------------------|---------------------------|
| Your Superior | | | |
| The manager or supervisor responsible for terminating your access. This cannot be yourself. | | | |
| Name | <input type="text"/> | <input type="text"/> | |
| | First | Last | |
| Phone | <input type="text"/> | Email | <input type="text"/> |
| | (xxx) xxx-xxxx | | example: boss@company.com |

7 Submit Application

[Submit Application](#)

- Submit the request by clicking submit application.
- Once the application is submitted, you will receive an immediate e-mail from RadMD Support confirming receipt of your request.
- You will receive another e-mail within 72 hours with additional instructions which will include your approved Account ID and a link that will allow you to create a passcode.
 - (If you have not received an e-mail within 72 hours, check your junk e-mail for some firewalls may prevent the delivery of this e-mail confirmation)
- Your approved Account ID number and Passcode will allow you to sign into RadMD to initiate authorizations for future requests and/or submit documentation for authorizations or audits.