ARC^{EX} Reimbursement Support

Order Submission Checklist

When submitting an order to the ARC^{EX} Reimbursement Support Program, please include all information and documentation listed below. Submission of a complete order reduces delays in the benefit verification and prior authorization processes.

Healthcare Providers are encouraged to **scan the QR code to submit orders** through the online portal at https://priahealthcare.my.site.com/ARCEX

You may also submit orders by email to ARC-EX@priahealthcare.com or by fax to 860.321.1499.

✔	ALL CASES
	ARC^{EX} Order Intake Form – submitted via the online portal or by email or fax using the PDF form ◦ Patient demographic and insurance information ◦ Summary clinical information
	Prescription for ARC^{EX} for Home Use
	Letter of Medical Necessity
	Medical Records - **Physician Chart Notes** and **Therapy Progress Notes** that include the following information ◦ History & Physical ◦ Diagnosis ◦ SCI Injury Level and AIS Classification ◦ Prior treatment history ◦ Evidence of functional limitations in daily activities ◦ Documentation of in-clinic response to ARC^{EX}
	Copy of patient's insurance card (front & back)

https://priahealthcare.my.site.com/ARCEX
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