

CORUS PCSS Reimbursement Support Program

Program Overview

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The CORUS PCSS Reimbursement Support Program is facilitated by PRIA Healthcare to expand patient access to CORUS PCSS.

Additional features of the program include:

- Secure Online Portal for Case Visibility
- Electronic Benefits Verification
- Prior Authorization and Appeal Requests
- Claim Appeal Requests
- Real-time Case Updates and Streamlined Communication

Enroll in a Few Easy Steps

- 1 Enroll online at <https://priaenrollment.com/coruspcss> or complete the Provider Enrollment Form (included) and send to the CORUS PCSS Reimbursement Support Program Team at coruspcss@priahealthcare.com or fax to 860.321.1464
- 2 Once the CORUS PCSS Reimbursement Support Program Team receives your enrollment form, you will receive a welcome email that includes the following:
 - Portal guide and login instructions
 - Fax intake form
 - Submission checklist

<https://priahealthcare.my.site.com/coruspcss>

P 860.248.7639

F 860.321.1464

coruspcss@priahealthcare.com

CORUS PCSS Reimbursement Support Program

Enrollment Form

Enroll online at <https://priaenrollment.com/coruspccs> OR send this completed form via fax or email.

Required *

PORTAL USER INFORMATION				
*First and Last Name:				
*Office Email:				
*Office Phone:			Extension:	
PRACTICE INFORMATION				
*Practice Name:				
*Practice Phone:				
*Practice Fax:				
*Practice Address:				
*Practice Tax ID:				
*Practice NPI:				
PHYSICIAN #1 INFORMATION			PHYSICIAN #2 INFORMATION	
*Physician Name:				
*Physician NPI:				
*Physician Tax ID:				
FACILITY INFORMATION				
*Facility Name:				
*Facility Address:				
*Facility Phone:				
*Facility Fax:				
*Facility Tax ID:				
*Facility NPI:				
ONBOARDING CALL AVAILABILITY				
Please select your timezone:	☐ Eastern Time	☐ Central Time	☐ Mountain Time	☐ Pacific Time
Option #1:	Day:		Time:	
Option #2:	Day:		Time:	
Option #3:	Day:		Time:	
*Providence Medical Representative Name				

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Case Submission Checklist

Please upload the following items to the CORUS PCSS Reimbursement Support Program Online Portal at <https://priahealthcare.my.site.com/coruspcss>. You may also fax the items to 860.321.1464 or email them to coruspcss@priahealthcare.com.

✓	ALL CASES
	Copy of patient's insurance card (front & back)
	Current medical records • Office visit notes (include more than one visit, if available) • Medical history applicable to the diagnosis • Any applicable diagnostic test or lab results
	Fax Intake Form (if submitting case via fax or email)
	Insurance correspondence if applicable (prior authorization denial letter, etc)
✓	CLAIM APPEAL CASES
	Include all of the above
	Explanation of Benefits (EOB)
	Copy of the original claim form (if available)
	Statement of medical necessity (for medical necessity denials)
	Insurance correspondence if applicable (prior authorization approvals, denials, etc.)

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