We provide this form to care providers who have UnitedHealthcare members undergoing Intensity Modulated Radiation Therapy (IMRT). To reduce and avoid delays for IMRT services, the clinician treating the UnitedHealthcare member will need to complete the requested information on this form. Follow the instructions on the corresponding IMRT prior authorization request cover sheet to submit your request. Thank you.

<table>
<thead>
<tr>
<th>Patient name:</th>
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| Please provide the radiation therapy treatment start date (MM/DD/CCYY): | _____/_____/_____

1. Does this patient have ☐ small cell lung cancer or ☐ non-small cell lung cancer?

2. Is this treatment being directed to the primary site? ☐ Yes ☐ No

3. Does the patient have distant metastases? ☐ Yes ☐ No

4. Is bilateral mediastinal adenopathy present? ☐ Yes ☐ No

5. Is the tumor located immediately adjacent to the heart? ☐ Yes ☐ No

6. Is the area to be treated abutting, within or overlapping a previously irradiated area? ☐ Yes ☐ No

7. Have you considered a 3-dimensional radiation therapy treatment plan? ☐ Yes ☐ No

8. Is the intent palliation? ☐ Yes ☐ No

9. Note any additional information in the space below.

Completed by: ___________________________ Date: ___________________________