

PATIENT PRE-AUTHORIZATION REQUEST FORM

In order to try to get your insurance company to pay for your medical care, we must work together to try and obtain an Pre-authorization from them. The Authorization process has several components:

1. Please fill out all details of this form. Accuracy, completeness and correctness is important because if there are errors in this form this will delay the Pre-authorization process
2. Fax or hand deliver the form back to us
3. Once you have the completed authorization form, we will use this data to try and get your insurance company to give you authorization for the requested procedure.
4. Once an authorization number is obtained we can fax this to you or it is available by phone. We will not deliver authorizations via mail due to delays or losses.

Pre-authorizations will be obtained in the order received by our staff and depending on the circumstances obtaining the authorization may take our staff up to a week or more. Please make appointments with enough room for our staff to complete the task at hand.

Today's Date: _____

Patient Name: _____ Patient Phone No.: _____

Patient Social Security #: _____/_____/_____ Patient Date of Birth: ____/____/_____

Insurance Company Name: _____ Patient's Insurance ID #: _____

Name and Address of facility where procedure will be performed: _____

Procedure Being Performed: _____
(Example: Magnetic Resonance Imaging of the chest) or (Catscan of the Brain)

Please Circle one: With Contrast Without Contrast With & Without Contrast

CPT or HCPC of Procedure: _____

Reason for Authorization of procedure (Diagnosis or chief complaint): _____

Date of your Appointment: _____