

SOUTH JERSEY RADIOLOGY ASSOCIATES (Please ATTACH Prescription)

AUTHORIZATION REQUEST FORM

PATIENT INFORMATION

Patient First Name: _____ Patient Last Name: _____

DOB: ____ / ____ / ____ Gender (Circle): M F Patient Phone Number _____

Insurance Company Name: _____

Policy ID# _____

COPY OF INSURANCE CARD REQUIRED (front & back) COPY OF PRESCRIPTION / ELECTRONIC ORDER REQUIRED

PROVIDER INFORMATION

ATTENDING PHYSICIAN

Name: _____

City: _____ Zip: _____

Fax #: _____

NPI # / Tax ID#: _____

REFERRED TO

Name: **SOUTH JERSEY RADIOLOGY**

State: **New Jersey** Zip: _____

Diagnosis 1: _____ ICD10 Code 1: _____

Diagnosis 2: _____ ICD10 Code 2: _____

Clinical History (Please include lab results, radiology results, prior treatment, symptoms, including duration) **MANDATORY:**

Findings from prior radiology exams: _____

AUTHORIZATION REQUEST FOR RADIOLOGY (MANDATORY)

EXAM TYPE: MRI MRA

w & w/o Contrast w/o Contrast w/Contrast

- Abdomen Brachial Plexus
- Brain - Hormone Levels _____
- Breast, Bilat C Spine
- Breast, Bilat L Spine
- Implant eval T Spine
- Breast, Bilat Ankle Rt ____ Lt ____
- Cancer eval Elbow Rt ____ Lt ____
- Chest Foot Rt ____ Lt ____
- MRCP Hand Rt ____ Lt ____
- Neck Hip Rt ____ Lt ____
- Orbits Knee Rt ____ Lt ____
- Pelvis Shoulder Rt ____ Lt ____
- Pituitary Wrist Rt ____ Lt ____
- Sinuses
- Duration of symptoms _____
- Type of antibiotics _____
- Duration of antibiotics _____

Other CPT Code: _____

EXAM TYPE: CT CTA

w & w/o Contrast w/o Contrast w/Contrast

- Abdomen Neck C Spine
- Abd/Pelvis Orbits L Spine
- Brain Pelvis T Spine
- Carotid Pituitary
- Chest Sinuses
- Coronary CTA Duration of symptoms _____
- Head Type of antibiotics _____
- Heart Duration of antibiotics _____
- Kidney
- Urography
- Upper Extremity _____
- Lower Extremity _____
- Date of injury ____ / ____ / ____
- Onset of symptoms ____ / ____ / ____
- Date of PT start: ____ / ____ / ____
- Medications _____

Other CPT Code: _____

With 3D Recons

Submitted by: _____ Phone: _____ Date: ____ / ____ / ____