SOUTH JERSEY RADIOLOGY ASSOCIATES (Please ATTACH Prescription)

ULTRASOUND 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 PRESECRIPTION / 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 ULTRASOUND (MANDATORY)

CARDIAC

☐ Transthoracic Echocardiogram 2D w/ Spectral & Color Flow Doppler

☐ Transthoracic Echocardiogram 2D w/ Stress

ULTRASOUND

☐ Abdomen Aorta w/Doppler _____

☐ Abdomen Complete _____ Limited____

☐ Abdomen Wall (Soft Tissue)

☐ Fetal Uterus <14 Weeks (TV if needed)

☐ Fetal Uterus >14 weeks with (TV if needed)

☐ Fetal Uterus <14 Weeks Multiple gestations

☐ Fetal Limited/Follow up

☐ Head (Soft Tissue)

☐ Neck (Soft Tissue)

☐ Neck, Thyroid or Parathyroid

☐ Pelvic - Non - OB (TV if needed)

☐ Renal (Kidneys)

☐ Testicular (Scrotum)

☐ Other CPT Code: _____

VASCULAR

☐ Arterial Doppler Bilateral ABI ONLY

☐ Arterial Upper Extremity Multiple Levels Bilateral

☐ Arterial Lower Extremity Multiple Levels ABI Bilateral

☐ Arterial Duplex Lower Extremity Bilat

☐ Arterial Duplex Lower Extremity Unilat Rt ____ Lt ____

☐ Arterial Duplex Upper Extremity Bilateral

☐ Arterial Duplex Upper Extremity Unilat Rt ____ Lt ____

☐ Carotid

☐ Groin with Doppler for pseudo aneurysm

☐ Iliac Artery

☐ Inferior Vena Cava

☐ Popliteal Arteries Rt ____ Lt ____

☐ Other CPT Code: _____

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

FAX completed forms to: (856) 772-0268

Rev 06/01/18 td