



South Jersey Radiology Associates Authorization Request Form (CT ABDOMEN and/or PELVIS)

Please fax this completed document along with medical records, imaging, tests, etc. to (856)772-0268. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination.

SJRA is unable to obtain precertification for URGENT/STAT requests, No-fault (MVA), Workers Compensation and/or non-participating insurance carriers.

Patient Information	First Name:		Middle Initial:	Last Name:		
	DOB (mm/dd/yyyy)			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Address:				Apt#:	
	City:			State:	Zip:	
	Patient Phone Number:					
	Health Insurance Plan:					
	Member ID:			Group ID:		
	COPY OF INSURANCE CARD REQUIRED (front & back)			COPY OF PRESCRIPTION/ ELECTRONIC ORDER REQUIRED		

Ordering Provider	First Name:		Last Name:			
	Primary Specialty:		TIN:	Individual NPI:		
	Provider Phone:			Provider Fax:		
	Address:				Suite Number:	
	City:			State:	Zip:	
	Office Contact:			Extension:		

Site	Group Name: South Jersey Radiology Assoc.	State: New Jersey	TIN: 221899118	NPI: 1477551653
	Phone: (888) 909-7572		Fax: (856) 772-0268	

Diagnosis and Procedure(s)	Diagnosis 1:		ICD 10 Code 1:				
	Diagnosis 2:		ICD 10 Code 2:				
	Diagnosis 3:		ICD 10 Code 3:				
	Check all applicable CPT Codes:	CT ABDOMEN	<input type="checkbox"/> w/o contrast 74150	<input type="checkbox"/> w/ contrast 74160	<input type="checkbox"/> w/wo contrast 74170		
		CT PELVIS:	<input type="checkbox"/> w/o contrast 72192	<input type="checkbox"/> w/ contrast 72193	<input type="checkbox"/> w/wo contrast 72194		
		CT ABDOMEN & PELVIS	<input type="checkbox"/> w/o contrast 74176	<input type="checkbox"/> w/ contrast 74177	<input type="checkbox"/> w/wo contrast 74178		
		CT UROGRAM	<input type="checkbox"/> 74178				
		CT STONE STUDY	<input type="checkbox"/> 74176				
OTHER (please specify):		<input type="checkbox"/>					

