



6726 South Revere Parkway, Suite 100

Centennial, CO 80112

Phone: 303-858-8855 Fax: 303-649-9689

Tax ID: 47-3928751

NPI: 1548647845

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Authorization: \_\_\_\_\_

Prior authorization assistance  \*\*For prior authorization assistance please fax over office notes. Please note some insurance companies may not allow the facility to obtain prior authorization, please check the payor's rules and regulations\*\*

Insurance: \_\_\_\_\_ Health Ins / Work Comp / MVA

Policy/ Claim Number: \_\_\_\_\_

DOI: \_\_\_\_\_ Adjuster Name/Phone Number: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_ Clinical History (Signs and Symptoms): \_\_\_\_\_

MRI Procedure(s): \_\_\_\_\_

Contrast:  Without  With & Without \*\*Contrast exams require a creatinine result within 30 days

Flex/Ext \*\*Lumbar and Cervical Only  Exams may be modified at Radiologist's discretion

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

NPI: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Date: \_\_\_\_\_

STAT  Yes  No

CD  Patient  Mail