

PRE-AUTHORIZATIONS



WE BRING BRILLIANCE TO HEALTH & WELLNESS

We offer pre-authorization* for patients. Our dedicated insurance specialists are experts in obtaining appropriate authorization for most major insurance companies. If you have questions about a plan, call your preferred center.

PLEASE INCLUDE THE FOLLOWING WITH YOUR ORDER

1 INSURANCE NAME AND CURRENT ID/POLICY NUMBER

This helps us quickly contact the correct insurance plan and obtain a timely authorization for the patient's exam.

2 CLINICAL CHART NOTES

Having chart notes available to submit with the request for authorization helps move the process along. Providing the information below by fax, phone or e-mail will help expedite pre-authorization:

- Current signs and physical exam findings
- Any past diagnostic imaging related to the body part being imaged (reports and images)
- Physical therapy and how long (if applicable)
- Any medications the patient is taking
- What is the doctor looking for or trying to rule out with the requested study?

[†]STAT Authorizations: Each insurance company defines the parameters of STAT differently. This may vary from 4 to 48 hours, depending on the plan. If you have a STAT request, you will need to obtain the pre-authorization for the patient.

3 CLINICAL CHART NOTES

An ICD-10 diagnosis code is preferred by most insurance companies. A general diagnosis, such as knee pain or other symptoms, is useful if the ICD-10 is not available. "Rule-outs" are not accepted as a primary diagnosis. We do not do pre-authorizations for the Veterans Administration (VA), PET/CT scans or MR Breast.

CALL US IF YOU HAVE ANY QUESTIONS, AND THANK YOU FOR ALLOWING US TO SERVE YOU AND YOUR PATIENTS!

* Note that authorizations will only be provided when permitted by Patient's payer.

** Some payers may require additional information



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