

## Central Utah Clinic

Due to increased scrutiny on the part of the insurance companies, in order for us to serve you and your patients to the best of our ability, it is imperative the requested information be supplied, so we can assist you in the insurance pre authorization process. Exams can not be performed without pre-authorization.

Use this form in conjunction with the Insurance Preauthorization Form.

Submit this form for **General Nuclear Medicine studies. (Bone scans, HIDA scan, Thyroid studies)**

Fax completed forms, or patients' clinic notes to 801.492.0191, attn Lorrell.

The patient's clinic note is acceptable if the following information is documented.

• **Name:** \_\_\_\_\_

• **Age/DOB:** \_\_\_\_\_

• **Height/Weight:** \_\_\_\_\_

• **Indications (reason for testing):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• **Injury?** \_\_\_\_\_ **Date:** \_\_\_\_\_

• **Previous exams:** \_\_\_\_\_ **Date:** \_\_\_\_\_

• **Other helpful information:** \_\_\_\_\_

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