

ATTENTION: NICOLE HARRIS

Insurance Authorization Request Form

Patient Information

Patient Name:	
Date of Birth:	
Ordering Physician:	

Insurance Information

Primary Insurance Carrier:	Primary Insurance ID:
Secondary Insurance Carrier:	Primary Insurance ID:

Please Include The Following With This Form

- **PRESCRIPTION**
- **BLOODWORK**
- **INSURANCE CARDS**
- **PRIOR EXAM REPORTS**
- **CLINICAL NOTES**
- **PATIENT DEMOGRAPHICS**

Please Contact Us With Any Questions

NICOLE HARRIS, Phone: 570-622-6206
Email: nicole.harris@rezolut.com
Fax: 570-622-7181

Please Note

If any of the above information is missing, this will delay the authorization process. To avoid delays, please complete the form in it's entirety. Thank you.

Our Location

SCHUYLKILL MEDICAL IMAGING
48 Tunnel Road, Suite #102
Pottsville PA 17901
P (570) 622-6206
F (570) 622-7181