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SERVING THE COMMUNITY SINCE 1998

Central Scheduling & Pre-Authorization Department

Phone: (480) 455-1850 or (888) 515-1353

Fax: (480) 455-1855 or (888) 515-5653

INSURANCE PRIOR AUTHORIZATION REQUEST

If you would like AZ-Tech Radiology to submit for prior authorization of radiology services, please fill out this form and attach the following information:

Date: _____ Patient Name: _____

Phone Number _____ DOB: _____

Referring Physician: _____ Insurance: _____

Exam Requested: _____ CPT Code: _____

Please send the following information:

A legible copy of insurance card

Copy of patient demographic information

Clinical notes pertaining to exam being ordered - to include:

1. All pertaining radiology prior reports
2. All meds prescribed for current symptoms with dates prescribed
3. Indicate if physical therapy was started and if so, when was it started
4. All legible office notes pertaining to radiology exam requested

Copy of orders to include physician Signature and printed name

TAX ID NUMBER _____ Physician Specialty _____