

**McLAREN FLINT  
INSURANCE PRE-AUTHORIZATION REQUEST**



**Please Note:**

All Pre-cert's, Referral's, and Authorization's must be put under the physical address of:  
**401 S. Ballenger Hwy., Flint, MI 48532 (McLaren Flint) NPI#1902894512**

Ordering Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Fax #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

All Health Insurances: \_\_\_\_\_

Date of Service: \_\_\_ / \_\_\_ / \_\_\_

Office Contact: \_\_\_\_\_

<input type="checkbox"/> Pre-Auth	CPT Code(s):
CT of: _____	_____
CT of: _____	_____
CT of: _____	_____
MRI of: _____	_____
MRI of: _____	_____
MRI of: _____	_____
PET/CT: _____	_____
Nuc. Med: _____	_____
Biopsy of: _____	_____
<input type="checkbox"/> A.I.M.: (800) 728-8008 <input type="checkbox"/> UHC: 1-877-842-3210 <input type="checkbox"/> Hurley PHO <input type="checkbox"/> Care Core: (800) 792-8744 <input type="checkbox"/> Cigna: 1-800-882-4462 <input type="checkbox"/> Genesys PHO <input type="checkbox"/> Blue Care Network: (800) 392-2512 <input type="checkbox"/> McLaren Cent. Ref. Dept. <input type="checkbox"/> Other: _____	



PT.

MR.#/P.M.

DR.