

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 Regional Medical Center) NPI#1902894512
Tax ID: 382-383119

Ordering Physician: _____ Fax#: _____

Patient's Name: _____ Patient's DOB: _____

All Health Insurances: _____

Date of Service: ___ / ___ / ___ Office Contact: _____ / Phone# _____

| <input type="checkbox"/> Pre-Auth | CPT Code(s): |
|--|--------------|
| CT of: _____ | _____ |
| CT of: _____ | _____ |
| MRI of: _____ | _____ |
| MRI of: _____ | _____ |
| PET/CT: _____ | _____ |
| Nuc. Med: _____ | _____ |
| Biopsy of: _____ | _____ |
| <input type="checkbox"/> A.I.M.: (800) 728-8008 | |
| <input type="checkbox"/> eviCore: (800) 792-8744 | |
| <input type="checkbox"/> Blue Care Network: (800) 392-2512 | |
| <input type="checkbox"/> Other: _____ | |

If this facsimile has reached you in error, please contact the above person immediately. Your assistance is appreciated. Thank you.

CONFIDENTIALITY NOTE

This information may have been disclosed to you from records whose confidentiality is protected by federal and state laws. Federal regulations including (42 CFR, Parts 160 and 164) and state laws (Public Act 258, Chapter 7, Section 748) prohibit you from making any further disclosure of it without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

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