



Care Management
Outpatient MRI, MRA, CT and PET Imaging
Prior Authorization Request
Fax the completed form to (816) 271-1266.
Questions? Call (816) 271-4019 press 2
Or (800) 990-9247 press 3, then 2
**If the test is to be done in less than 24 hours
call (816)271-4019 prior to faxing.**

Member Name: Barney Rubble Date of Birth: 1000 BC

Requesting Physician: Dr Bedrock

Contact Person: Ruby Phone Number: (800) Carrier – pigeon

Fax Number: (800) Wood-pecker

Check the type of imaging and write the body area to be imaged.

MRI lumbar spine CT _____

MRA _____ PET _____

Date scheduled: 9-5-1029

Place of Imaging Service: HRMC

Reason for Imaging:

Low back pain following a high speed motor vehicle accident, ejection from passenger seat

Results of previous imaging done for this same chief complaint or diagnosis in the last 6 months:

No

CHP office use only:

Date requested information received: _____

Date determination made: _____

Approved? Yes, No, denied per Medical Director. Denial
reason _____

Does Medical Director want to review the scan results?

If yes, please highlight this area.

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