

Commercial Plans:

Authorization Request for Advanced Imaging Services

*** Use **RadMD.com** for authorization requests for fully-funded and exchange members, refer to member's ID card ***

Please submit via the provider portal or
fax to **757-431-7755** or **1-844-668-1548**

CT/CTA

MRI/MRA

PET

Date of Service: _____

Member Name/Last, First

Member ID/Policy#

Date of Birth/Age

Today's Date

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Full Name of Requesting Provider: _____

Sentara Provider#: _____ NPI#: _____ Tax ID#: _____

Phone: _____ Fax: _____

The following information is required to process your request:

Diagnosis Code(s): _____

Diagnosis: _____

Procedure Code(s): _____ / _____ / _____ / _____

Procedure Description: _____

Hospital/Facility (Full Name): _____

Sentara Provider#: _____ NPI#: _____ Tax ID#: _____

Person Completing This Form: _____

Phone: _____ / Ext: _____ Fax: _____

Relevant clinical notes are required to process this request