



**NUCLEAR MED/ECHO
PRIOR AUTHORIZATION ONLY INFORMATION SHEET**

Please attach completed form to order (this form is required before patient is scheduled)

Please fax completed form to (208)237-0985

Question please call (208) 237-0977

Today's Date _____
Date and time of Procedure _____
Patients Name _____ DOB _____
Phone _____ Cell Phone _____
Insurance Company _____ Policy Number _____
Physician _____

Procedure _____ CPT Code (please mark which code was prior authorized)

___ Cardiac Stress test-----78452
___ MUGA-----78472
___ Hida Scan-----78227
___ Gastric Empty-----78264
___ Parathyroid-----78070
___ Bone Scan (whole body)-----78306
___ Bone Scan (3 Phase)-----78315
___ Bone Scan (limited)-----78300
___ Thyroid Scan/Uptake-----78007
___ Echocardiogram-----93306

PriorAuth# _____ or Not Required ___ SpokeWith _____

Form completed by _____

