Request for Outpatient Services

	7904 Cabela Dr, Hammond IN 46324 Phone: 219-554-9911 | Fax: 219-554-9912

Patient Information

____

Last Name **First Name** **Middle Name**

____

Date of Birth **Primary Phone Number**

Name of Insurance Provider/ Policy #____

Pre-Certification: ◯ **Not Required** ◯ **In Progress** ◯ **Completed** **Pre-Cert/Authorization#**________________

Reason for Test

REASON FOR THE TEST MUST BE GIVEN. **(Please DO NOT USE "Rule Out" or "Possible/Probable?")**

• ICD codes AND diagnostic information must be provided for EACH test ordered.

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Outpatient Testing or Procedure Order

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Reason/Diagnosis

____

ICD Code(s)

Order/ Results *Orders are valid for 90 days.

Requested Test Date: _____________ ◯ROUTINE at patient's convenience ◯URGENT w/in 48 hours ◯STAT

Results: ◯Fax results ________________ ◯Call results________________ ◯Hold patient for results & give images

X-Ray	☐Other (specify):
CT ☐ Oral Contrast ☐ W/ IV Contrast ☐ W/O Contrast ☐ W/ and W/O IV Contrast	☐ Head/Brain ☐ Neck (Soft Tissues) ☐ Pelvis ☐ Chest ☐ Sinus ☐ Cervical Spine ☐ Chest ☐ Abdomen ☐ Lumbar Spine ☐ Thoracic Spine (☐L) (☐R) (☐Bilat.) ☐Extremity (specify):_________________________ (☐Upper) (☐Lower) ☐Other (specify):__________________Creatinine:_____GFR:_____ Date:__________
MRI ☐ W/O Contrast ☐ W/ and W/O IV Contrast	☐ Carotid MRA ☐ Brain MRI ☐ Pelvis ☐ Coccyx ☐ Brain MRA ☐ Neck (Soft Tissues) ☐ Sacrum ☐ IACs ☐ Lumbar Spine ☐ Cervical Spine ☐ Foot L / R ☐ Wrist L / R ☐ Thoracic Spine ☐ Shoulder L / R ☐ Hand L / R ☐ Knee L / R ☐ Orbits ☐ Elbow L / R ☐ Hip L / R ☐ Ankle L / R ☐ if claustrophobic ☐ Upper Arm Non-Joint L / R ☐ Lower Arm Non-Joint L / R ☐ Upper Leg Non-Joint L / R ☐ Lower Leg Non-Joint L / R ☐Other (specify):__________________Creatinine:_____GFR:_____ Date:__________ ☐Abdomen (specify): (☐Liver) (☐Kidneys) (☐MRCP)
Ultrasound	☐Other (specify):

Physician Information

____

Referring Practitioner: Last Name First Name NPI #

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Practitioner's Phone Number Practitioner's Fax Number

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Practitioner's Signature Date

Notice: NW Indiana 24/7 ER & Hospital is unable to bill Medicare, Medicaid for services rendered.

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