Restorative Imaging Institute, Inc.
4901 W. 136th Street,
Overland Park, KS 66224

Phone: 913-890-7280
Email: info@rii-kc.com

Restorative Imaging Institute

Advanced Diagnostic Imaging Preauthorization Request Form

Date of Request: _____

Patient Information

Patient Name:
_____

Date of Birth: _____
Patient ID/Account #: _____
Phone Number: _____
Insurance Provider: _____
Policy/Member #: _____

Ordering Provider Information

Ordering Physician Name: _____
NPI #: _____
Phone Number: _____
Fax Number: _____
Contact Person: _____

Requested Imaging Procedure(s)

☐ MRI (with/without contrast)
☐ CT Scan (with/without contrast)
☐ PET Scan
☐ Other: _____

Body Area/Region: _____
CPT Code(s): _____
ICD-10 Diagnosis Code(s):
_____

Clinical Indications

Summary of Medical Necessity:

Prior Treatments/Findings (if applicable):

Facility Information (If known)

Imaging Center/Facility Name:
_____

Contact Number:
_____

Preferred Date of Service:
_____

Authorization Details (For Office Use Only)

Authorization #: _____
Approval Date: _____
Valid Through: _____

Fax Completed Form to: _____
Contact for Questions: _____