

## Welcome to Pre-Authorization Services at Princeton Radiology

**A less stressful imaging experience for you and your patients is just one short form away.**

Our pre-authorization specialists are experts in obtaining timely insurance approvals so your patients can schedule imaging exams as quickly and conveniently as possible. To set up your practice for pre-authorization, just fill out the simple form below, and email it back to our pre-authorization team at [rad-auth@princetonradiology.com](mailto:rad-auth@princetonradiology.com).

We'll take care of the rest!

Practice Name: \_\_\_\_\_ TIN: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*For additional office locations, please use page 2.

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

\*For additional physicians, please use page 2.

Who should we contact if we require additional information?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Marketing Representatives

Tara Heaney  Thomas Pagano  Jennifer Panico  Veronica Pirone

**Questions? Please contact us at 609.655.7798 and we will be happy to help.**

Note: To avoid processing delays, please take one last look at this form to ensure that all information is complete, then email the form to [rad-auth@princetonradiology.com](mailto:rad-auth@princetonradiology.com).

Practice Name: \_\_\_\_\_

Location 2: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location 3: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location 4: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ADDITIONAL PHYSICIANS:**

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

