



Pre-Authorization Service

Here's how it works:

- Enroll in the program using our Enrollment Form.
- When you have a radiology study that needs to be pre-authorized, such as MRI or CT, fill out our Patient Referral Form with your patient's information and fax it to us at (302) 246-2010. Please provide the clinical information necessary for us to obtain authorization.
- Delaware Diagnostic Group will obtain the pre-authorization information necessary for scheduling and will arrange for the patient to be scheduled at any of our area locations.

For more information, please contact our
Pre-Authorization Dept. at (302) 246-2009.

www.mriandimaging.com



Delaware Diagnostic Group Pre-Authorization Program Enrollment Form

Practice Name _____

Physician's Name _____ Tax ID # _____ NPI # _____

Address _____

Phone # _____ Fax # _____

Office Manager _____ Phone # _____

Email _____

Referral Coordinator _____ Phone # _____

Email _____

In order to participate in the Delaware Diagnostic Group Pre-Authorization Program,
_____ understands the following:

- Physician will provide Delaware Diagnostic Group with all documentation necessary to obtain the authorization.
- Physician will inform the patient that they have a choice in radiology providers.
- Delaware Diagnostic Group will only obtain authorizations in the cases where it is allowed by the payer.
- Physician understands that appeals of denial of authorization will be handled by the physician's office.

Thank you for your participation in this program. If you have any questions, please contact your sales representative.

Please acknowledge that you have read the above enrollment agreement.

X _____
(signature & date)

X _____
(print name & date)

*You may fax the enrollment form to our Pre-Authorization Dept. at (302) 246-2010.
If you have any questions, please call us at (302) 246-2009.