

**CHATTANOOGA ■ I M A G I N G**

1710 Gunbarrel Road  
Chattanooga, TN 37421  
Phone 423-553-1220 Fax 423-553-1221

***Request for Pre-certification Number***

The following patient has been scheduled by your office for an exam that requires a pre-certification number from **Cigna/Healthsource Insurance**. Cigna/Healthsource no longer permits the servicing facility to obtain the pre-certification number. **Only** the physician's office can request a pre-certification number from Cigna/Healthsource.

Please pre-certify the following exam for your patient.

**Date of Exam** \_\_\_\_\_ **Time of Exam** \_\_\_\_\_

**Patient** \_\_\_\_\_

**Patient's DOB** \_\_\_\_\_ **SS No.** \_\_\_\_\_

**Exam** \_\_\_\_\_

**Physician** \_\_\_\_\_

**Pre-certification No.** \_\_\_\_\_

Please **fax back** to (423) 553-1235.

If you have questions, please call (423) 553-1234.

Thank you.