

CHATTANOOGA ■ I M A G I N G

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

Request for History and Copy of Insurance Card

The following patient's insurance requires a pre-certification number for the exam scheduled by your office.

- Please **fax clinical information** (typed or clearly written) **and a copy of the insurance card** so that we may obtain a pre-certification number from the insurance company.
- If your office will be pre-certifying this exam, please fill in the pre-certification number below and fax this sheet back to our office.

Date of Exam _____ **Time of Exam** _____

Patient _____

Patient's DOB _____ **SS No.** _____

Exam _____

Diagnosis _____

Ordering Physician _____ **Clinic:** _____

Insurance _____ **Ins. Phone No.** _____

Subscriber's Name _____

Subscriber's S.S. No./ ID No. _____ **Group No.** _____

Referral Number (if needed) _____

Pre-certification No. _____

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

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

Thank you.