



Date of Request: \_\_\_\_\_

**In place of this form you can submit Authorization Requests online securely via NaviNet. If you are not registered, please visit NaviNet.net and click Sign Up or call NaviNet Customer Care at 1-888-482-8057.**

**Radiation Authorization Request Form**

**Requirements:** *Clinical information and supportive documentation including office visit notes and recent diagnostic test results must be submitted to support request for approval. Notification required for any date of service change.*

**Fax completed form to:** Horizon NJ Health 1-609-583-3014

**General Information**

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Member Address: \_\_\_\_\_ Member Phone #: \_\_\_\_\_

List Any Additional Insurance: \_\_\_\_\_

Policy Name/Number: \_\_\_\_\_

**Medical Information Needed**

Date/Date Range of Service: \_\_\_\_\_

Days/Units Requested: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ ICD-9 Codes: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Other Chronic Diagnosis: \_\_\_\_\_ ICD-9 Codes: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Procedures(s) Requested: \_\_\_\_\_

CPT Codes Requested: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ ID# or NPI#: \_\_\_\_\_

Servicing Facility: \_\_\_\_\_ ID# or NPI#: \_\_\_\_\_

Location of Service:    MD Office            Outpatient Hospital            Hospital SPU/OR            Other