



72 West Jimmie Leeds Road, Suite 1100  
 Galloway, New Jersey 08205  
 Phone: 855-677-9729  
 Fax: 855-677-9783

**ONCOLOGY AUTHORIZATION REQUEST FORM**

**1 PATIENT INFORMATION**

Patient First Name: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_  
 DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (Circle): M F  
 Insurance Company Name: \_\_\_\_\_  
 Policy ID #: \_\_\_\_\_

**2 PROVIDER INFORMATION**

**ATTENDING PHYSICIAN**

Name: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 INS Provider / Tax ID#: \_\_\_\_\_  
 Reason for Exam: \_\_\_\_\_

Diagnosis, Staging, Re-staging, Suspected Recurrence, Surveillance

Diagnosis 1: \_\_\_\_\_ ICD10 Code 1: \_\_\_\_\_  
 Diagnosis 2: \_\_\_\_\_ ICD10 Code 2: \_\_\_\_\_

For new cancer diagnosis, please include type of cancer and date of diagnosis: \_\_\_\_\_

Clinical History (Please include lab results, radiology results, prior treatment, symptoms, including duration): (MANDATORY)

Findings from prior radiology exams: \_\_\_\_\_

Tissue diagnosis:  Yes  No

Rising Tumor Markers:  Yes  No If yes, please indicate which one(s) and value(s) \_\_\_\_\_

Chemotherapy (Start Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Chemotherapy (End Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Radiation (Start Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Radiation (End Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3 AUTHORIZATION REQUEST FOR RADIOLOGY (MANDATORY)**

PET/CT

- Brain
- Cardiac
- Oncology (Skull - Mid Thigh)

Type of Cancer \_\_\_\_\_

Melanoma (whole body)

Other \_\_\_\_\_

CPT Code: \_\_\_\_\_

Isotope agent:

- FDG
- NaF

CT

- With & Without Contrast
- Without Contrast  With Contrast

- Abdomen
- Chest, Thorax
- Head
- Neck
- Pelvis
- Other \_\_\_\_\_

CPT Code: \_\_\_\_\_

MRI

- With & Without Contrast
- Without Contrast  With Contrast

- Abdomen  Neck
- Brain  Pelvis
- Breast, Bilateral
- Chest, Thorax
- Head
- Other \_\_\_\_\_

CPT Code: \_\_\_\_\_

Please notify me \_\_\_\_\_ days before authorization expiration.

Submitted by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4 Fax completed forms to: 855-677-9783**