Diagnostic Test Pre-Authorization Form

The **diagnostic test pre-authorization form** sample for physicians streamlines the approval process for necessary tests, ensuring efficient patient care. This form includes essential patient information, test details, and physician authorization to facilitate quick insurance verification. Utilizing a standardized pre-authorization form helps reduce delays and enhances communication between healthcare providers and insurers.

Patient Information

Full Name	
Date of Birth	
Insurance Provider	
Insurance ID #	
Phone Number	

Test Information

Requested Test(s)	
ICD-10 Code(s)	
Clinical Indication/Diagnosis	
Reason for Test	

Physician Authorization

Physician Name	
NPI Number	
Signature	
Date	

Submit Pre-Authorization

Note: Attach supporting clinical documentation and fax or submit electronically according to insurer-specific requirements.