



Dynamic Medical Imaging-DMI, Inc.

DYNAMIC MEDICAL IMAGING-DMI, INC.

950 West Chestnut Street, Union, NJ 07083

(908) 687-2552 Fax: (908) 933-0593 dmi.mailboxes@gmail.com

PRE-CERT FORM

PHYSICIAN INFORMATION (ONLY REQUIRED ONCE)

Office Name: Contact Name: Phone Number: Fax Number:

Email: Group NPI #: Tax ID #:

PHYSICIAN INFORMATION (REQUIRED)

Referring Doctor's Name: Referring Doctor's NPI #: Date of Request:
D D M M Y Y

PATIENT INFORMATION (REQUIRED FOR EACH PATIENT)

Patient Name: Date Of Birth:
D D M M Y Y

Phone Number: Full Address:

City / Country: Zip Code:

PRIMARY INSURANCE INFORMATION

Select One: Auto Insurance Health Insurance Workers' Comp Insurance

Date of Loss (Only required when selecting Auto Insurance or Workers' Comp Insurance):
D D M M Y Y

Insurance Name: ID/ Claim Number:

MRI SERVICES BEING REQUESTED (SELECT ALL THAT APPLY):

<input type="checkbox"/> 72141-MRI CERVICAL	<input type="checkbox"/> 72195-MRI PELVIS
<input type="checkbox"/> 72148-MRI LUMBAR	<input type="checkbox"/> 72197-MRI PELVIS W & WO CONTRAST
<input type="checkbox"/> 72146-MRI THORACIC	<input type="checkbox"/> 70551-MRI BRAIN
<input type="checkbox"/> 74181-MRI ABDOMEN	<input type="checkbox"/> 70553- MRI BRAIN W & WO CONTRAST
<input type="checkbox"/> 74183-MRI ABDOMEN W & WO CONTRAST	<input type="checkbox"/> 73721-MRI LOWER EXTREMITY - Please Specify <input type="text"/>
<input type="checkbox"/> 72156-MRI CERVICAL W & WO CONTRAST	<input type="checkbox"/> 73221- MRI UPPER EXTREMITY - Please Specify <input type="text"/>
<input type="checkbox"/> 72158-MRI LUMBAR W & WO CONTRAST	

UPLOAD THE FOLLOWING - ✓ IS REQUIRED

Prescription Insurance Information Bloodwork (for contrast studies only) Physician Notes
 Demographic Information Signed APTP Form (Auto Insurance Only) Any other necessary documents