

# Rapid Scheduling *for Community Open MRI*

FAX this order to:



Fax: (260) 423-1421



Fax: (260) 925-4720



Fax: (260) 728-4675

- **Regarding Pre-certs/Prior-auths:** We are listed as **Community Open MRI** or **Fort Wayne Open MRI**
- **To verify In-Network coverage or checking on a pre-cert, please use our TAX ID # 270047693**
- **Note:** Pre-certs/Prior-auths for **AETNA** and **CIGNA** are handled through MedSolutions (888) 693-3211

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # (Home/Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Is this an injury / liability?.....  Yes  No

Insurance: \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Insurance Group # \_\_\_\_\_

Pre-cert or Prior-auth # \_\_\_\_\_

MRI Study(s) to be Performed: \_\_\_\_\_  Films or  CD

Reason for Procedure: \_\_\_\_\_

Comments / Special Instructions: \_\_\_\_\_

Dr. Office Phone # \_\_\_\_\_ FAX: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ City Location: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Fort Wayne (260) 422-1491**

2428 Lake Avenue  
Fort Wayne, IN 46805

• **Auburn (800) 441-6736**

411 Smith Drive  
Auburn, IN 46706

• **Decatur (866) 441-6736**

1401 N. 13th St., Suite B  
Decatur, IN 46733

*To be filled out by Community OPEN MRI*

This patient is scheduled for an appointment with us:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

\_\_\_\_\_  
(Location)