



Hollywood
1150 North 35th Avenue | Suite 665
Hollywood, Florida 33021
Phone: 954-981-6668
Fax: 954-981-5944

Pembroke Pines
603 N. Flamingo Road | Suite 155
Pembroke Pines, Florida 33028
Phone: 954-450-2202
Fax: 954-450-8401

Fort Lauderdale
2122 W Cypress Creek Road | Suite 210
Fort Lauderdale, Florida 33309
Phone: 954-266-3600
Fax: 954-981-5944

Pre-Authorization Request Form

Date of Request:

Referring Physician Name:

Referring Office Contact:

Tax ID / Provider Number:

Patient Name:

Policy Holder Name:

Insurance Company Name:

Insurance Phone Number:

Patient ID #:

Patient Social Security #:

**** Please fax this form along with the required documents to 954-981-7238 ****

- Requisition Form
 - Most Recent Doctor Notes / Progress Notes
 - Diagnostic Reports (MRI, CTs, PET Scans, etc.)
 - Pathology Reports
 - Surgical Reports
 - Treatment Plan / Notes
-

**** For PIISF Office Use Only ****

Appointment Date & Time:

Authorization Dept. Phone #:

Authorization #:

Auth. Expiration Date:

Location: Hollywood / Pembroke Pines