PET Imaging INSTITUTE of South Florida

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Pembroke Pines, Florida 33028
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2122 W Cypress Creek Road | Suite 210
Fort Lauderdale, Florida 33309
Phone: 954-266-3600
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Referring Physician Authorization Enrollment Form

Referring Physician Name: _____

Group Name: _____

Tax ID Number: _____

NPI Number: _____

Referral / Auth Coordinator Name: _____

Ref / Auth Coordinator direct #: _____

Ref / Auth Coordinator email address: _____

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Obtain Authorization for the following Carriers (please provide provider numbers if applicable)

AvMed _____ America's Health Choice _____ BC-BS _____

Choice Care _____ Coventry HMO & PPO _____Dimensions _____

Health Options _____ Humana PPO & EPO _____ Meritain _____

MIH _____ Memorial Managed Care _____ NHP _____

South Florida Community Care _____ Tri-Care _____ UHC _____