

Request for Outpatient Services

	ALBUQUERQUE ER & HOSPITAL	Albuquerque ER & Hospital 9310 Coors Blvd NW Albuquerque, NM 87114 Phone (505) 587-3500 Fax: (505) 587-3501
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Patient Information

Last Name	First Name	Middle Name
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Date of Birth	Primary Phone Number
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Name of Insurance Provider/ Policy # _____

Pre-Certification: **Not Required** **In Progress** **Completed**

Pre-Cert/Authorization# _____

Reason for Test

REASON FOR THE TEST MUST BE GIVEN.

- ICD codes AND diagnostic information must be provided for EACH test ordered.
- Please **DO NOT USE** "Rule Out" or "Possible/Probable?"

Outpatient Testing or Procedure Order

Reason/Diagnosis

ICD Code(s)

Order/ Results

Requested Test Date:

- ROUTINE at patient's convenience URGENT w/in 48 hours STAT

Date: _____

- Orders are valid for 90 days.

Results: Fax results _____ Call results _____
 Hold patient for results send images with patient

Physician Information

Referring Practitioner:	Last Name	First Name	NPI #
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Practitioner's Phone Number	Practitioner's Fax Number
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Practitioner's Signature

Date

Notice: Albuquerque ER & Hospital is unable to bill Medicare, Medicaid or Tricare for services rendered.

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