

# Radiology Request Form

**IMPORTANT NOTE:** Any Procedure not listed requires pre-authorization: Prime Cure: 0861 665 665 or Email: auth@primecure.co.za. Pre-authorization number should be recorded on the account to be considered for payment. Please submit your radiology account electronically using the following destination code - 642P, alternatively post claims to: Private Bag X13, Rivonia, 2128

## A Doctor Details

Referring Doctor:  Practice No:   
 Tel (W):  Tel (C):   
 Fax:  Email:

## B Principal Member Details

Surname:  Initials:   
 Medical Aid:  Option:   
 Medical Aid No:  Employer:

## C Patient Details

Title:  Gender:  Male  Female First Name:   
 Surname:  ID No:   
 Dependant Code:  Tel (H):   
 Tel (W):  Tel (C):   
 Email:   
 Postal Address:  Code:

## D Authorisation Details

*If Applicable, please note that the Authorisation Number is only Valid for the Date of Service Authorised*

Authorisation No:  Date of Service Authorised:

## E Clinical Information

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## F The Following X-rays & Ultrasound Procedures Do Not Require Pre-authorization

*Indicate by Means of a Cross (x), Prime Cure approved codes only (Please see Provider Manual for complete list of Codes)*

### X-Rays (Unilateral / Bilateral)

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="radio"/> Skull          | <input type="radio"/> Thoracic Spine    | <input type="radio"/> Forearm             |
| <input type="radio"/> Neck           | <input type="radio"/> Lumbosacral Spine | <input type="radio"/> Pelvis              |
| <input type="radio"/> Cervical Spine | <input type="radio"/> Shoulder          | <input type="radio"/> Hand                |
| <input type="radio"/> Ribs           | <input type="radio"/> Elbow             | <input type="radio"/> Hip                 |
| <input type="radio"/> Chest          | <input type="radio"/> Upper Arm         | <input type="radio"/> Leg (Tibia, Fibula) |

### Ultrasound

- Abdomen  
 Pregnancy  
 Pelvis

## G Radiology Request

Procedure Requested: \_\_\_\_\_

\_\_\_\_\_| CPT 4 Code:

Signature: \_\_\_\_\_ | Copy To: \_\_\_\_\_ | Application Date: