

Rapid Scheduling *for Community Open MRI*

FAX this order to:



Fax: (260) 423-1421
Phone: (260) 422-1491



Fax: (260) 925-4720
Phone: (260) 925-6736



Fax: (260) 728-4675
Phone: (260) 728-4674

- 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 **eviCore** (888) 693-3211

Patient Name: _____ D.O.B.: _____ Date: _____

Phone # (Home/Work): _____ (Cell): _____

Is this an injury? ☐ Yes ☐ No

Is this a liability? ☐ Yes ☐ No

Insurance _____ Insurance ID # _____

Pre-cert or Prior-auth # _____

MRI Study(s) to be Performed: _____ ☐ Contrast ☐ No Contrast
w/ & w/o

ICD 10 Code (need code number): _____

☐ Films or ☐ CD

Referring Physician: _____ Ph: _____ Fax: _____

Physician's Signature: _____

Fort Wayne
2428 Lake Avenue
Fort Wayne, IN 46805
NPI# 1023201316

Auburn
411 Smith Drive
Auburn, IN 46706
NPI# 1417971177

Decatur
1401 N. 13th St., Suite B
Decatur, IN 46733
NPI# 1003830779

To be filled out by Community OPEN MRI

This patient is scheduled for an appointment with us:

(Date)

(Time)

(Location)