



PrincetonRadiology.com

Pre-Authorization Services for Princeton, Monroe, Mercerville, Freehold, Marlboro, East Windsor & Newtown, PA
p: 609.655.1448 | fax: 609.436.6441

Pre-Authorization Services for Wayne, Mountain Lakes & Newfoundland
p: 973.200.1350 | fax: 973.200.1345

A less stressful imaging experience for you and your patients is just one short form away.

Our pre-authorization specialists are experts in obtaining timely insurance approvals so your patients can schedule imaging exams as quickly and conveniently as possible. To set up your practice for pre-authorization, just fill out the simple form below, and email it back to our pre-authorization team at rad-auth@princetonradiology.com.

We'll take care of the rest!

Practice Name: _____ TIN: _____

Main Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

*For additional office locations, please use page 2.

Physician Name: _____ NPI: _____

Physician Name: _____ NPI: _____

Physician Name: _____ NPI: _____

Physician Name: _____ NPI: _____

*For additional physicians, please use page 2.

Who should we contact if we require additional information?

Name: _____

Phone: _____ Fax: _____

Email: _____

Marketing Representatives

- Michael Ashworth
- Tara Heaney
- Irene Hoffman
- Mark Johnsen
- Thomas Pagano
- Veronica Pirone
- Lisa Rancan

Questions? Please contact us and we will be happy to help.

Note: To avoid processing delays, please take one last look at this form to ensure that all information is complete, then email the form to rad-auth@princetonradiology.com.



Scan for a list of all locations

Practice Name: _____

Location 2: _____

Main Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Location 3: _____

Main Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Location 4: _____

Main Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

ADDITIONAL PHYSICIANS:

Physician Name: _____ NPI: _____

Physician Name: _____ NPI: _____

Physician Name: _____ NPI: _____

Physician Name: _____ NPI: _____

Physician Name: _____ NPI: _____



Scan for a list of all locations