

**Routine**     **Urgent**     **Retroactive**

**Dr. Kimberly P. Cockerham MD**



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## Request for Authorization/Medical Services

Ordering Physician: \_\_\_\_\_

|   |
|---|
| <input type="checkbox"/> Kimberly Cockerham, MD |
|---|

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID: \_\_\_\_\_

PCP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

ICD-9: \_\_\_\_\_ ICD-9: \_\_\_\_\_ ICD-9: \_\_\_\_\_

Description: \_\_\_\_\_

CPT Code: \_\_\_\_\_ Description: \_\_\_\_\_

CPT Code: \_\_\_\_\_ Description: \_\_\_\_\_

CPT Code: \_\_\_\_\_ Description: \_\_\_\_\_

CPT Code: \_\_\_\_\_ Description: \_\_\_\_\_

Facility: \_\_\_\_\_ DOS: \_\_\_\_\_

**MEDICAL RECORDS ATTACHED**