

# Request for Outpatient Services



New Braunfels ER & Hospital  
3221 Commercial Circle,  
New Braunfels, TX 78132  
Phone 830-402-2170

## Patient Information

Last Name First Name Middle Name

Date of Birth Primary Phone Number

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 #

Practitioner's Phone Number Practitioner's Fax Number

Practitioner's Signature Date

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

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