



OSF HEALTHCARE
 Illinois Neurological
 Institute

Date: _____

*****INSURANCE AUTHORIZATION REQUIRED PRIOR TO SCHEDULING*****

Request for Service

Phone: 877-464-6670 • Fax: 877-464-6806 • www.ini.org

Consultation Test +/-or Treatment Consultation, Test and Initiate Treatment

Reason for Request/Diagnosis: _____

Urgent Request: Yes No If Yes, reason _____

Requesting Provider Signature: _____

Please check the request facility/service and fax completed form with records to 877-464-6806

INI Neurology

- General Neurology
- Parkinson's Disease/Movement Disorders/DBS
- Headache Clinic
- Neuromuscular/MDA
- NeuroRehabilitation
- MS Center
- Epilepsy Center
- Stroke Center
- Memory Disorders Clinic
- Neuro-Ophthalmology
- Neuro-Vestibular Clinic (Vertigo)
- Audiology

INI Neurosurgery

- INI Concussion Center
- INI Osteoporosis Clinic
- Spine Center
- INI Gamma Knife Clinic – SFMC**
- INI Sleep Center – SFMC – 6th Floor**
- INI Physical Medicine & Rehabilitation**
- INI Acupuncture**
- INI Carotid Clinic**
- INI Interventional Radiology**

Will patient need an interpreter?

Yes: _____ Type: _____

Patient Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____

Primary Insurance: _____ ID: _____

INSURANCE AUTHORIZATION # _____

Is this a Worker's Compensation Case? AUTHORIZATION # _____

Requesting Provider (First/Last Name) _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone _____ Fax _____

Primary Care Physician: _____

Please fax the following with the completed request form to 877-464-6806:

- Any relevant office notes and a pertinent summary problem list
- All relevant testing

Please check the type of testing completed and the facility where it was performed

- X-ray CT MRI EEG EMG/NCV CT-Myelogram Doppler studies Angiogram
- OSF Unity Point Great Plains Pekin Graham IVCH St. Margaret Cottage Carle Bromenn