



Goshen Hospital

NPI 1740268846 TaxID 35-6001540

AUTHORIZATION REQUEST

FROM PATIENT ACCESS

200 HIGH PARK AVE

GOSHEN, IN 46526

PH: 574-364-2412

FAX: 574-364-2410

ATTENTION: _____ DATE: _____

PATIENT NAME: _____ DATE OF BIRTH: _____

PATIENT IS SCHEDULED FOR:

AUTHORIZATION NEEDED FOR EXAM

IMPORTANT: Please obtain and fax to us before 3:00 p.m. on _____ to avoid rescheduling. Please provide copy of response from payor website, if available. Thank you.

NOTIFICATON COMPLETED BY: _____