



MATER **PET/CT** CENTRE

*A public/private partnership between
Mater Misericordiae University Hospital and Mater Private Hospital*

ECCLES STREET / DUBLIN 7 / IRELAND

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Quinn Healthcare Prior Approval Form

Please find attached 1-page **Quinn Healthcare** prior approval form for a **PET/CT Scan**. This form must be completed in full before it can be submitted to Quinn Healthcare. Please attach back up CT, histology, MRI, etc reports to it. Also, please attach a referral letter outlining the clinical indications for the scan, this letter should also include contact details for both the patient and the consultant.

Once the attached form is complete, please **fax or e-mail** it to **01-8094989** or **materpetct@materprivate.ie**. The form will then be submitted immediately to Quinn Healthcare and the patient will be contacted with an appointment if prior approval is received (please note that this can sometimes take up to 48hrs). Please be aware that sending back an incomplete form can delay the patient's appointment, so kindly make sure all sections are filled in.

Prior to a PET/CT Scan, the patient will need one day to prepare for the scan (by following a set diet).

Please ensure that patient's personal details e.g. DOB, address and contact phone number are made available on the request.

If you have any other queries, please do not hesitate to contact the undersigned.

Kind regards,

Barbara/Bernie

PET/CT Secretary

Tel: 01 8034970

Fax: 01 8034989

Email: materpetct@materprivate.ie

If all of the pages are not received or are illegible, don't hesitate to contact us.

**PRE AUTHORISATION OF POSITRON EMISSION TOMOGRAPHY
QUINN-Healthcare FAX 021 – 2022122**

To: Joanne Conway
Claims Department
QUINN-healthcare
Mill Island
Fermoy
Co.Cork

From (Consultant)
.....
.....
.....
Fax:
Tel:

Patient Name: _____ **Membership Number:** _____

Type of PET Scan proposed:.....
Proposed date of PET Scan:.....
Condition requiring PET Scan:.....
Onset Date of Symptoms:.....

Previous History and Treatment.....
.....
.....
.....

Previous Investigations/scans and their results:.....
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.....
.....

Clinical reasons why a PET Scan is indicated in preference to other diagnostic techniques:.....
.....
.....
.....

How will a PET Scan affect the treatment plan?.....
.....
.....

QUINN-Healthcare requires all of the above questions to be completed in full to enable benefit to be confirmed. If the above information is not provided QUINN-Healthcare will be unable to allow benefit towards a PET Scan.

I confirm that the proposed PET Scan is an integral part of a course of treatment, which is being undertaken entirely as a private patient.

Name of Consultant:.....**Signature:**.....

Date.....