

Pediatric Neurology Associates
625 6th Avenue South, Suite 405
St. Petersburg, FL 33701
Phone (727)498-8994 Fax (727)498-8982

**AUTHORIZATION INSTRUCTIONS FOR ALL
PROCEDURES OUTSIDE THE OFFICE:**

- Step # 1 Please call your insurance company to verify if prior authorization is required for the test/procedure ordered. **If prior authorization is required you will need to let us know.** (After making the appointment)
- Step # 2 Call the Medical facility you have chosen and schedule the test/procedure.
- Step # 3 Call our office (727)498-8994 ext. 405 to inform our authorization coordinator of the appointment date and facility name/location.

****NOTE: A prior authorization can take 10 to 14 business days (2 weeks) to obtain; however, we do our best to expedite the process. Please note if sedation is needed, the patient will need to have the testing done at All Children's Hospital****

We appreciate your cooperation, and thank you for being an active member in your child's healthcare!

****All Children's Hospital Radiology Scheduling (727)767-8380****

Revised 09/10/13