

American Dynamic Imaging (ADI) Awareness, Consent, and Authorization:

Pt. Name:	()	DOB:	Chart#:
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Magnetic Resonance Imaging (MRI) is one of the most advanced & informative diagnostic procedures. MRI is a method of obtaining images of structures inside of you body by utilizing a large magnet & radio waves, but does not involve any radiation. At American Dynamic Imaging (ADI), we have the Fonar Upright machine which is a .6 Tesla strength.

MRI Awareness, Consent, Authorization and Agreement:

I am aware that MRI uses a strong magnetic field & can damage Cell phone, Credit Cards, Watches, & Hearing Aides.
 I am aware that American Dynamic Imaging (ADI) will provide a locked area for me to place my belongings.
 I am aware that I am required to notify technologist on duty if I am pregnant or if I have metallic devices or implants.
 I am aware that my referring doctor will receive a copy of my medical report by fax and it is typically their wish to go over these records with me at my next appointment. I am aware the report will not be available at time of service.
 I am aware that I may pay for an additional CD of my images for \$10, &/or have a CD mailed to a medical provider by priority mail for an additional \$10 (2 day mail with tracking).
 I am aware that my medical records are available from ADI for 7 years.
 I am aware ADI will respect my privacy and will provide me a copy of their HIPAA practices, if I so request.
 I consent that I have described my symptoms and medical history to the best of my ability on the history & physical page
 I consent to authorize treatment at the ADI facility.
 I consent to allow ADI to release medical information including reports, images, etc. to my referring doctor, any medical specialist I visit and /or my insurance company when requested.
 I consent for referring doctors and other providers of care to release medical information which is relative to my MRI today, such as MRI order, labs, previous images, studies or reports to ADI facility.
 I consent to allow ADI to contact my insurance company regarding authorization to the facility.
 I consent for payment of medical benefits for services rendered at ADI to be paid directly to the ADI facility.
 I consent to allow ADI to exhaust all valid financial avenues such as insurance or attorney for services rendered at ADI prior to billing me; but I am aware, I may be billed for any amounts not covered by my insurance or attorney.
 I am aware if I receive a statement from ADI, payment is due upon receipt, and if not paid could go to collections.
 I consent that I am aware that I will not receive a refund for MRI scans completed with a diagnostic radiologist report for any purposes except for overpayment due to insurance.
 I consent to be contacted by text or email in regards to future scheduling, billing, and/or other communication.
 I would like an emergency contact to be listed: Name & Cell: _____
 My signature below confirms that I am 18 years or older and able to give medical consent for myself .

Patient Insurance & Financial Information:

\$	ESTIMATED PATIENT FINACIAL RESPONSIBILITY:
I agree to pay the above listed amount by ()Credit Card ()Check # _____ ()Cash *Please ask for a receipt if paying cash*	

Primary Insurance:		Member ID #:	
Secondary Insurance:		Member ID #:	
CPT Code:	Estimated Cost per MRI	Diagnosis Code:	
		M33.90	
			(*Tape Credit Card Receipt here*)
Total Patient Cost:	\$		

By signing below, I certify that I have read and agree to the above awareness, consent and authorization and give consent for American Dynamic Imaging (ADI) to perform the requested MRI.

Patient Signature: _____

Date: _____