

American Dynamic Imaging (ADI)

<u>Pt Name</u>		<u>Chart #</u>	
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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 your 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 the MRI technologist if I am pregnant or if I have any 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 will be given (1) CD of my images today & may request additional CDs for \$10 per CD
 I am aware ADI will respect my privacy and will provide me a copy of their HIPAA practices, if I so request.
 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 regard to future scheduling, billing, and/or other communication.

Patient Insurance & Financial Information:

Primary Insurance:		Member ID #:	
Secondary		Member ID #:	
<u>CPT Code:</u>	<u>Estimated Cost per MRI</u>	<u>Diagnosis Code:</u>	
			(*Tape Credit Card Receipt here*)
<u>Total Patient Cost:</u>	\$		

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

If patient payment is listed above, please initial in the box below the form of payment you will use for your MRI services

Initials: () Credit Card

Initials: () Check # _____

Initials: () Cash *Please ask for a printed ADI receipt if paying cash*

Patient Signature: _____ **Date:** _____

ADI Employee Witness : _____