

MRI Pre Screen/Authorization Form

NPI 14978657949 Tax ID 352010087

Date & Time: 1 / 1 AM / PM

Name: _____ DOB: _____

Patient Ph #: _____ HT WT

Exam Ordered (CPT): _____ DX: _____

Ordering Dr: _____ CONTRAST NO OR YES (DR MUST BE IN)

PRIOR SX TO BODY PART BEING SCANNED _____ or MRI _____

Y N PACEMAKER

Y N HEART VALVE OR STENTS _____

Y N ANEURYSM CLIPS _____ Foreign body?

BRAIN, EAR, OR EYE SX _____

Y N ANYTHING IMPLANTED IN YOUR BODY _____

Y N DO YOUR WORK AROUND METAL? HAVE YOU EVER HAD METAL IN YOUR EYES? WAS IT REMOVED?

Y N CLAUSTROPHOBIC/YES ONLY: WILL YOU BE TAKING ANY SEDATIVES (IF YES, MUST HAVE A DRIVER)

CONTRAST QUESTIONS

IF YES TO ANY QUESTIONS BELOW, MUST HAVE SCRIPT FOR BLOODWORK
(BLOODWORK MUST BE DONE WITHIN 6 WEEKS OF MRI)

Y N IS THE PATIENT 60 OR OVER

Y N IS THE PATIENT DIABETIC

Y N HX OF CANCER, CHEMO, OR RADIATION _____

Y N KIDNEY OR LIVER DISEASE/DISORDER _____

INSURANCE & AUTHORIZATION

INSURANCE CARRIER: _____

ID #: _____ GROUP # _____

DEDUCTIBLE: _____ REMAINING: _____ OOP: _____ REMAINING: _____ COPAY: _____

%COINS: _____



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No Show/Late Cancellation Policy

Thank you for trusting your medical care to Orthopaedic Specialist of Northwest Indiana! When you schedule an appointment with OSNI, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible and no later than 24 hours prior to your scheduled appointment. This gives us enough time to schedule other patients who may be waiting for an appointment. Conversely, the situation may arise when another patient fails to cancel and we are unable to schedule you for a visit due to seemingly "full" appointment book.

If an appointment is not cancelled at least *24 hours* in advance, you will be charged a fifty-dollar (\$50) fee. The fee will NOT be covered by your insurance company and it must be paid prior to your next appointment.

Print name: _____

Signature/Verbal auth: _____ @ _____ : _____ AM/PM

Date: _____