



MEDICAL RECORD	
DATE OF SERVICE	FLASH NUMBER

**PATIENT INFORMATION**

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	PATIENT I.D. NO.	

**AUTHORIZATION**

I hereby authorize and direct my insurance carrier to pay directly to UNION IMAGING CENTER any benefits due me under my insurance plan. I agree to pay the balance of expenses not paid under this plan. I also authorize UNION IMAGING CENTER to release to my insurance company of any medical information necessary to process this claim. You are responsible for your co-pay a the time of service.

**AUTHORIZED SIGNATURE :** \_\_\_\_\_

**MEDICAL RECORDS RELEASE**

I hereby give permission to contact my Physician or Health Care facility to obtain prior reports or films / imaging studies relating to prior exam.

**PATIENT SIGNATURE:** \_\_\_\_\_

**NO FAULT / WORKMAN'S COMP. LIABILITY RELEASE**

I assign UNION IMAGING CENTER all my rights and benefits under insurance contracts for payments for services rendered to me by UNION IMAGING CENTER. I authorize UNION IMAGING CENTER to file insurance claims on my behalf for services rendered to me as a result of an automobile accident / work compensation liability of \_\_\_\_\_, including filing arbitration and litigation. I direct all such payments to go directly to UNION IMAGING CENTER. I authorize UNION IMAGING CENTER to act on my behalf.

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**LETTER OF PROTECTION**

I, \_\_\_\_\_ hereby authorize you, \_\_\_\_\_ as my attorney, to send to UNION IMAGING CENTER a letter of protection concerning any litigation that may result. FURTHERMORE, I understand that this authorization gives you permission to hold any monies out of settlement of my claim to fulfill the outstanding bill at UNION IMAGING CENTER.

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FEMALE PATIENT ONLY:**

**PERMISSION FOR CT SCAN EXAMINATION INVOLVING RADIATION WITHOUT PREGNANCY TESTING**

MY DR. \_\_\_\_\_, HAS ORDERED THE FOLLOWING DIAGNOSTIC PROCEDURES \_\_\_\_\_ TO BE PERFORMED ON ME. I UNDERSTAND THAT THE DIAGNOSTIC EXAMINATION INVOLVING RADIATION CAN EXPOSE AN UNBORN CHILD TO SMALL BUT SIGNIFICANT RISKS OF CONGENITAL DEFORMITY AS WELL AS OTHER UNDESIRABLE EFFECTS. BECAUSE IT IS DIFFICULT TO KNOW WHETHER A PREGNANCY IS PRESENT, UNION IMAGING CENTER ADVISES THAT A LABORATORY TEST FOR PREGNANCY BE PERFORMED BEFORE THE DIAGNOSTIC EXAMINATION. I BELIEVE THAT I AM NOT PREGNANT, AND I HAVE DECIDED NOT TO HAVE A PREGNANCY TEST BEFORE THE DIAGNOSTIC EXAMINATION. I REQUEST UNION IMAGING CENTER, THROUGH THEIR APPROPRIATE EMPLOYEES, TO PERFORM SUCH DIAGNOSTIC EXAMINATION AND I CONSENT TO SUCH EXAMINATION. I UNDERSTAND THE RISKS INVOLVED, HAVE NO FURTHER QUESTIONS REGARDING THE RISKS, AND ACCEPT FULL RESPONSIBILITY FOR ANY HARMFUL RESULTS TO AN UNBORN CHILD OR TO MYSELF, AS A RESULT OF THE PREGNANCY AND THEIR PERFORMANCE OF SUCH DIAGNOSTIC EXAMINATION.

**PATIENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

√	PROCEDURE CODE	MRI PROCEDURE	ICD CODE	√	PROCEDURE CODE	CT PROCEDURE	ICD CODE
	74181	MR Abodomen w/o			70450	CT Head w/o	
	74181W	MR Abodomen with			70460	CT Head with	
	74181WOW	MR Abodomen w/o & with			70470	CT Head w/o & with	
	76400	MR Bone Marrow w/o			70486	CT Maxillofacial Area w/o	
	71550	MR Chest w/o			70487	CT Maxillofacial Area with	
	71550W	MR Chest with			70488	CT Maxillofacial Area w/o & with	
	71550WOW	MR Chest w/o & with			70480	CT Posterior Fossa w/o	
	72141	MR Cervical Spine w/o			70481	CT Posterior Fossa with	
	72142	MR Cervical Spine with			70482	CT Posterior Fossa w/o & with	
	72156	MR Cervical Spine w/o & with			70490	CT Soft Tissue Neck w/o	
	72146	MR Dorsal Spine w/o			70491	CT Soft Tissue Neck with	
	72147	MR Dorsal Spine with			70492	CT Soft Tissue Neck w/o & with	
	72157	MR Dorsal Spine w/o & with			74150	CT Abdomen w/o	
	72148	MR Lumbar Spine w/o			74160	CT Abdomen with	
	72149	MR Lumbar Spine with			74170	CT Abdomen w/o & with	
	72158	MR Lumbar Spine w/o & with			71250	CT Chest w/o	
	72196	MR Pelvis w/o			71260	CT Chest with	
	72196W	MR Pelvis with			71270	CT Chest w/o & with	
	72196 WOW	MR Pelvis w/o & with			72192	CT Pelvis w/o	
	70551	MR Brain w/o			72193	CT Pelvis with	
	70552	MR Brain with			72194	CT Pelvis w/o & with	
	70553	MR Brain w/o & with			72125	CT Cervical Spine w/o	
	70540	MR Face & Neck w/o			72128	CT Dorsal Spine w/o	
	70540W	MR Face & Neck with			72131	CT Lumbar Spine w/o	
	70540WOW	MR Face & Neck w/o & with			76070	CT Bone Density Study	
	70336	MR TM Joints w/o			76375	CT 3 Dimensional Reconstruction	
	73720 -	MR Lower Extremity Bone*			ISO50	Non Ionic Contrast 50 ml	
	73721 -	MR Lower Extremity Joint*			ISO75	Non Ionic Contrast 75 ml	
	73220 -	MR Upper Extremity Bone*			ISO100	Non Ionic Contrast 100 ml	
	73221 -	MR Upper Extremity Joint*			ISO150	Non Ionic Contrast 150 ml	
	70541	MRA Head and/or Neck			73200 -	CT Upper Extremity w/o*	
	71555	MRA Chest Cavity			73201 -	CT Upper Extremity with*	
	72159	MRA Spinal Canal			73202 -	CT Upper Extremity w/o & with*	
	72198	MRA Pelvic Area			73700 -	CT Lower Extremity w/o*	
	73225	MRA Upper Extremity			73701 -	CT Lower Extremity with*	
	73725	MRA Lower Extremity			73702 -	CT Lower Extremity w/o & with*	
	74185	MRA Abdomen					
	75552	MR Myocardium w/o					
	75553	MR Myocardium with					
	75554	MR Myocardium w/o & with					
	GADOL 20	Gadolinium 20cc					
	GADOL 25	Gadolinium 25cc					
	GADOL 30	Gadolinium 30cc					

\* Please Add Abbreviation After Procedure Code for:

**Upper Extremity Bone:**

Humerus - RHM, LHM  
Forearm - RFO, LFO  
Hands - RH, LH

**Upper Extremity Joint:**

Shoulder - RS, LS  
Elbow - RE, LE  
Wrist - RW, LW

**Lower Extremity Bone:**

Femur - RFM, LFM  
Tib-Fib - RTB, LTB  
Foot - RF, LF

**Lower Extremity Joint:**

Hip - RHP, LHP  
Knee - RK, LK  
Ankle - RA, LA

\* Please Add Abbreviation After Procedure Code for:

**Upper Extremity:**

Shoulder - RS, LS  
Humerus - RHM, LHM  
Elbow - RE, LE  
Forearm - RFO, LFO  
Wrist - RW, LW  
Hand - RH, LH

**Lower Extremity:**

Hip - RHP, LHP  
Femur - RFM, LFM  
Knee - RK, LK  
Tib-Fib - RTB, LTB  
Ankle - RA, LA  
Foot - RF, LF