

Subspecialty Imaging

Sandy Springs

5730 Glenridge Dr, Ste. T-300 Tel: 470.440.2600 Central Scheduling:
Sandy Springs, GA 30328 Fax: 470.440.2605 855.325.5905

Appointment Date / /

Appointment Time : A.M. P.M.

The diagnostic answers you and your doctor can trust.

Any global x-ray self pay price only \$85.

We accept Credit, Debit, and HSA cards.

Forms available online for patients to fill out: www.subspecialtyimaging.com

Patient Name _____ Insured's Social Security # _____ Patient's DOB _____ Patient Phone _____

Exam History/Diagnosis: _____

Patient's Follow-Up Physician Appointment Date / /

Print Physician's/PA's Name _____

PHYSICIAN'S SIGNATURE

X	CPT	MRI	X	CPT	CT	X	CPT	RADIOLOGY
	70551	MRI Brain (without contrast)		70450	CT Head (without contrast)		71046	Chest PA / Lat
	70553	MRI Brain (with/without contrast)		70470	CT Head (with/without contrast)		71045	Chest PA only
	70553	MRI Pituitary		70480	CT Orbit		74018	KUB
	70553	MRI IAC		70480	CT (IACs, Mastoids)		74020	Abdomen (flat and erect)
	70544	MRA Head		70486	CT Sinuses		72040	Cervical Spine AP LAT (2 view)
	70547	MRA Neck		70486	CT Face		72050	Cervical Spine 5 view
	70543	MRI Face (with/without contrast)		70491	CT Neck (with contrast)		72052	Cervical with Flex / Exten (7 view)
	70543	MRI Orbits (with/without contrast)		71260	CT Chest / Thorax (w/ contrast)		72040	Cervical Spine Flex / Exten only (2 view)
	70543	MRI Neck (soft tissue) (with/without contrast)		71250	CT Chest w/o (f/u nodule)		72072	Thoracic Spine AP / Lat (2 view)
	70336	MRI TMJ		71275	CT Chest - PE protocol		72100	Lumbar Spine AP / Lat (2 view)
	71550	MRI Chest		72125	CT Cervical Spine		72110	Lumbar Spine 5 view
	71550	MRI Brachial Plexus Rt Lt		72128	CT Thoracic Spine		72114	Lumbar Spine w Flex / Exten (7 view)
	72141	MRI Cervical (without contrast)		72131	CT Lumbar Spine		72120	Lumbar Spine Flex-Exten only (2 view)
	72156	MRI Cervical (with/without contrast)		74177	CT Abd/Pelv w/contrast		72202	S-I Joints
	72146	MRI Thoracic (without contrast)		74176	CT Abd/Pelv w/o contrast		72081	Scoliosis Survey
	72157	MRI Thoracic (with/without contrast)			(Stone Protocol)		73650	Heel / Os Calsis
	72148	MRI Lumbar (without contrast)		74160	CT Abd w/contrast		73630	Foot Rt Lt
	72158	MRI Lumbar (with/without contrast)		72193	CT Pelvis w/contrast		73660	Toes Rt Lt
	74183	MRI Abdomen (specify organ)		74170	CT Abd w & w/o contrast		73610	Ankle Rt Lt
	74185	MRA Abdomen			Specify organ:		73590	Tibia-fibula Rt Lt
	72195	MRI Pelvis (soft tissue or boney)		73200	CT Upper Extrim Rt Lt		73562	Knee Rt Lt
	73218	MRI Upper Extremity Rt or Lt		73700	CT Lower Extrim Rt Lt		73550	Femur Rt Lt
	73221	MRI Shoulder Rt or Lt		70496	CTA Head (w/Recon 76376)		72170	Pelvis
	73221	MRI Elbow Rt or Lt		74175	CTA Abd (w/Recon 76376)		73502	Hip (includes pelvis) Rt Lt
	73221	MRI Wrist Rt or Lt			Other:		73030	Shoulder Rt Lt
	73718	MRI Lower Extremity Rt or Lt					73000	Clavicle Rt Lt
	73721	MRI Knee Rt or Lt		CPT	ULTRASOUND		73060	Humerus Rt Lt
	73721	MRI Hind Foot - Ankle Rt or Lt (specify area)		76705	U / S Abdomen Ltd. RUQ or LUQ		73080	Elbow Rt Lt
	73718	MRI Fore Foot Rt or Lt		76700	U / S Abdomen		73090	Forearm Rt Lt
	73721	MRI Hip / Rt or Lt		76705	U / S Gallbladder		73110	Wrist Rt Lt
	72195	MRI Sacrum / Coccyx		76770	U / S Aorta		73130	Hand Rt Lt
	73221	MRI Arthrogram		76706	U / S Aorta Screening (MCR only)		73140	Fingers Rt Lt
		(check exam above)		93976	U / S Hepatic Veins		70250	Skull Ap & Lat
		Other:		76770	U / S Renal		70220	Sinuses
				76856	U / S Pelvis		70030	Orbits
		(specify appropriate exam above)		76830	U / S Transvaginal		77072	Bone Age
				76805	U / S Obstetrical 1st trimester		71111	Ribs - bilateral
				76870	U / S Testicular		72220	Sacrum / Coccyx
				76536	U / S Thyroid			Other:
				93880	U / S Carotids (bioscan)			SCREENINGS
				93970	U / S Venous flow (leg) Bilateral		- - -	Cardiac Scoring
				93971	U / S Venous flow (leg) Rt Lt			

Contrast As Needed Per Radiologist Discretion

FOR MRI & CT CONTRAST PATIENTS: Does the patient have kidney disease, have diabetes or over the age of 70?
 yes no
If yes to any of these, we will need a current BUN and creatinine level (within the last 3 months).

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What to Expect

Before Your Appointment

- Our financial counselors will call you prior to your appointment to go over any balances that might be due.
- You will also receive a reminder call the day before your exam to remind you about your appointment, go over arrival time and any prep that pertains to your exam, and answer all of your questions regarding your exam.
- If you'd like to download your forms and bring them to your appointment, visit www.subspecialtyimaging.com.

At Your Appointment

- Please arrive 15 minutes prior to your appointment time unless told otherwise.
 - Bring a picture ID and insurance card with you (if applicable).
 - Bring your referring physician's order.
- *Co-payment will be required at time of service.

After Your Appointment

Once your exam is completed, one of our Subspecialty Trained Radiologists (this means they are specifically trained to look at the area of your body that they exam was performed on) will interpret your exam and a written report will be sent to your physician. Your physician's office will contact you regarding the results or they will go over the results with you at your next appointment. We are not at liberty to discuss the results of your exam..we ask for your understanding.

Subspecialty Imaging will bill your insurance on your behalf if applicable. This process generally takes 35-40 days. You will receive a document called an Explanation of Benefits (EOB) from your insurance company once they receive our bill. This will reflect the amount charged, the amount 'allowed', and what portion is your patient responsibility. You will have already paid all or most of this amount so this will allow you to reconcile any remaining amount you may owe. We will send you a statement of your account that reflects the same information as your EOB which will serve as your bill for any remaining balance not previously paid.

Extra Tidbits

- X-rays don't have to be scheduled. You can walk in from 8:30 a.m.- 4:00 p.m. Monday-Friday. Closing at 2:00 Wednesdays.
- If you can't keep your appointment, please call us to reschedule as far in advance as possible at 470.440.2600.

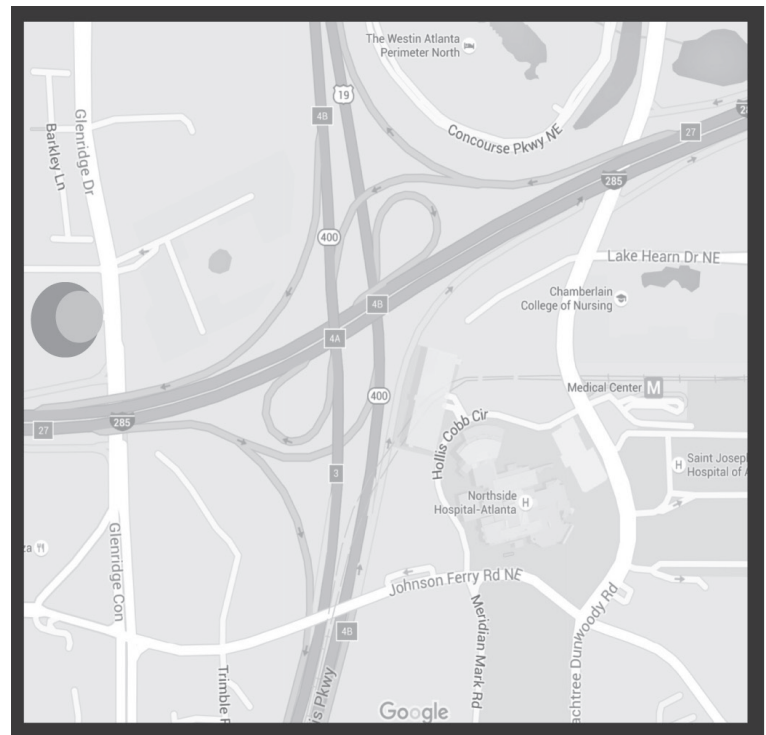
Our Facility

Sandy Springs

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Sandy Springs, GA 30328

Phone: 470.440.2600 Fax: 470.440.2605

Hours: Monday-Friday 8:30 a.m.- 5 p.m.



We pride ourselves on the service and care we provide and hope that you will choose Subspecialty Imaging as your only imaging provider... we look forward to caring for YOU.