



Attn: PATIENT - You MUST bring this form with you to the hospital. If you do not have this form, your procedure will not be done.

Cartersville Medical Center

Outpatient Imaging/Women's Center

Scheduling Ph# 855-828-5136 Fax# 877-422-5621

Patient Information and Medical Necessity Information form. Includes fields for Last Name, First Name, MI, Address, City, State, Birth Date, Sex, Primary Ins, Pre-cert#, Physician Name, Office Phone/Contact, Fax, Appointment Date, Time, Arrival Time, and ABN Signed? (YES/NO).

Table of medical procedures with columns for CPT, ICD, RADIOLOGY, and MAMMOGRAPHY. Lists various imaging and diagnostic tests such as MRA, MRI, CT, and Ultrasound with their corresponding codes.

Physician Signature: _____ Date: _____

Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Certain Screening tests will not be reimbursed and should not be submitted for payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

RADIOLOGY OUTPATIENT ORDER FORM

Place Patient Label Below

