



**PATIENT NAME:** \_\_\_\_\_ **DOB (mm/dd/yyyy):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Diagnosis/Medical History:** \_\_\_\_\_ **Iodine Allergy:** \_\_\_\_\_

**This diagnostic exam is scheduled for:** Day: \_\_\_\_\_  
**Check-In Time:** \_\_\_\_ : \_\_\_\_ am / pm **Exam Time:** \_\_\_\_ : \_\_\_\_ am / pm **Prep Required:** \_\_\_\_\_

**COMPUTERIZED TOMOGRAPHY (CT)**

w/contrast                       w/o contrast                       w/w/o contrast  
 Diabetic? Y / N                      BUN: \_\_\_\_\_                      Creatinine: \_\_\_\_\_

CT Colonoscopy  
      Screening  
      Diagnostic

Head                       CT Small Bowel Enterography                       Low Dose Lung Screening  
 Sinus                       Thorax/Abdomen                       AAA protocol (specify)  
      Complete     Limited                       Abdomen/Pelvis                       Abdominal                       Thoracic  
 Thorax (Chest)                       Thorax/Abdomen/Pelvis                       Appendix protocol  
      Routine     High Resolution                       CT Urography                       Stone protocol  
 Abdomen                       Spine (specify): \_\_\_\_\_  
 Pelvis                       Other (specify): \_\_\_\_\_  
 Neck (soft tissue)

**MAMMOGRAPHY**

Screening: \_\_\_\_\_  
 Diagnostic: \_\_\_\_\_  
      L                       R                       Implants

**FLUOROSCOPY**

Air Contrast Barium Enema                       Barium Enema  
 Upper GI                       Small Bowel Follow Through  
 Other (specify): \_\_\_\_\_

**DEXA**

Spine                       Hip  
 Other (specify): \_\_\_\_\_

**IVP/TOMOGRAPHY**

IVP                       Tomo (specify): \_\_\_\_\_

**ULTRASOUND**

Hepatobiliary                       Pelvis } including endovaginal exam on pelvis and 1st trimester OB  
 Volumetric Assessment                       OB }  
 Abdomen, Complete  
 Other (specify): \_\_\_\_\_

hx \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

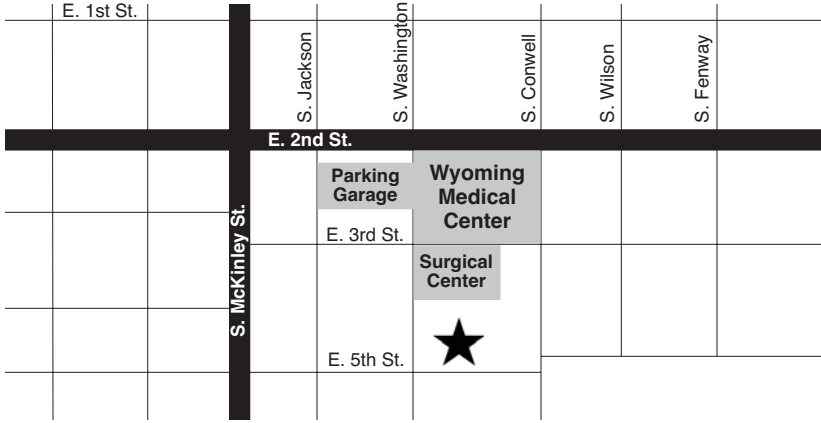
**VASCULAR**

Venous L.E. Doppler                       UNI                       BI  
 Carotid Duplex                       UE                       LE  
 Segmental Doppler                       Renal                       AO  
 Abdominals  
      Mesenteric                       Renal                       AO  
 ABI  
 Other (specify): \_\_\_\_\_

**ORDERED BY:** \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Report Needed By (time): \_\_\_\_ : \_\_\_\_ am / pm  
 Routine: \_\_\_\_ Fax:( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
 Phone: Yes / No ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**XRAY**

Head (specify): \_\_\_\_\_  
 Chest/Thorax (specify): \_\_\_\_\_  
 Spine                       C                       T                       L  
 Abdomen (specify): \_\_\_\_\_  
 Extremity (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_





**WYOMINGIMAGINGCENTER**  
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The following guidelines are presented to inform you of payment expectations, to assist in financial planning related to your visit and to provide transparency to the fees associated with your visit. Our staff will strive to develop a mutually agreeable plan for satisfaction of charges and will assist you in the development and completion of a financial responsibility form in order to help you understand the charges and associated payment requirements related to your coverage situation. **You will not be refused service based on ability to pay.** However, at a minimum, we ask that you commit to a payment agreement based on your coverage and financial situation. If you have insurance, we will work with you and your insurer to satisfy your charges. We will do our best to provide options to satisfy charges based on your particular financial situation. **Our primary goal is to arrange a plan that considers your individual needs and timely satisfaction of charges via a respectful, feasible and realistic arrangement.** Please feel free to contact Wyoming Imaging Center at (307) 577-1003 or Casper Medical Imaging at (307) 265-1620 if you have any questions.

**Medicaid:** **You will not be responsible for any payment at the time of service;** Your Medicaid card is required for each visit. Failure to provide complete information will result in your account being handled as self-pay. If we do not receive your information within thirty days of your exam, your account balance will be due in full. We reserve the right to refuse out-of-state Medicaid as payment for your services.

**Insurance:** Your insurance will be filed as a courtesy. You must provide current insurance information (i.e. insurance card) at each visit. We will make every effort to determine your co-pay (if any). If we cannot determine an exact amount, we will develop a plan for satisfaction of co-pay during your visit (typically 20% of billed charges). We will make every effort to work with your insurer to satisfy your charges in full and in a timely fashion. However, any amount not satisfied by your insurer within 30 days from your date of service will become “patient responsible/self-pay”. **We will be glad to arrange a plan of payment with you if needed.**

**Medicare:** You must bring your current Medicare insurance card with you to each visit. Our companies will file and accept assignment on all Medicare claims. If you do not have secondary insurance, a plan for satisfaction of co-payment will be arranged. We are required by Medicare regulations to inform you that Medicare may not provide even partial reimbursement for the medical services that we provide. If Medicare denies payment, we will assist in the appeal process but may ask that you assist us by obtaining a letter of necessity from your referring provider. If the appeal is denied, you are responsible for the full payment. You may be asked to complete an Advanced Beneficiary Notification (ABN) informing you of your responsibility for charges in the event Medicare denies your claim. **We will be glad to arrange a plan of payment with you if needed.**

**Wyoming Workers’ Compensation:** **You will not be responsible for any payments at the time of service.** Please let us know that your visit will be covered by Wyoming Workers’ Compensation. We will file Wyoming Workers’ Compensation and accept their payment in full for services rendered. You are responsible for providing the following information to us: Claim number, name of employer, telephone number, contact person and injury date. Until this information is received, your account will be considered self-pay. If Wyoming Workers’ Compensation does not pay, you will be responsible for payment.

**Private Workers’ Compensation:** **You will not be responsible for any payment at the time of service.** Please let us know that your visit will be covered by workers’ compensation. We will file your private workers’ compensation and accept their payment in full for services rendered. You are responsible for providing the following information to us: Claim number, name of employer, insurance company, address, telephone number, contact person and injury date. Until this information is received, your account will be considered self-pay.

**Accident Claim (Auto and Liability):** We do not file third party claims. You will be responsible for payment in full. We will provide you the necessary documentation to file with a third party. If you are filing a claim with your own private auto insurance, we will file a claim once complete information is provided. If and when the claim is paid by insurance and credit results, you will be reimbursed the overpayment. Until this information is received, your account will be considered self-pay.

**No Insurance Coverage/Self-Pay:** If you have no insurance coverage, you will be expected to pay at the time of your visit. You are responsible for your account. **We will be glad to arrange a plan of payment with you if needed.**

**Financial Assistance:** The Financial Assistant Program is available to patients of Wyoming Imaging Center and Casper Medical Imaging/Outpatient Radiology to meet the healthcare needs of those who meet specific criteria for reduced or free care.