

Advanced Beneficiary Notice

Your doctor has ordered a CT Angiography examination of your Heart and/or Chest.

The examination of the Chest structures includes the Lungs, Aorta and Pulmonary Arteries (**CTA of the Chest W & WO contrast- 71275**). This exam is usually covered by Medicare or your Private Insurance Company. However an advanced authorization may be required by some insurance carriers that will assist your ordering physician in obtaining.

The CT Angiography examination of your Heart “Coronary Arteries” (procedure codes 0147T, 0148T, and 0151T) is a separate exam. Though FDA approved and recognized for reimbursement by Medicare many private insurance companies **DO NOT** reimburse for this procedure. If a CT examination of the Heart and Coronary Arteries is ordered in addition to a CTA of the Chest, you will be **responsible to pay at the time of service a fee of \$ 800.00** to cover this exam. **This \$800.00 is not toward your deductible or your co-insurance and co-payment as we will not be submitting a claim for reimbursement to your insurance company.** Please sign below acknowledging your understanding of the coverage issues above.

If the CT Coronary Angiography is ordered as a screening procedure, **a fee of \$1,750.00 will be collected at the time of service.** Please sign below acknowledging your understanding of the coverage issues above.

If the CT Coronary Angiography is ordered to include the CT Angiography of the Chest, **a fee of \$2,075.00 will be collected at the time of service.** Please sign below acknowledging your understanding of the coverage issues above.

Patient’s Name: _____

Date of Service: _____

Signature: _____