Alpine Orthopedics & Sports Medicine
536 Cottonwood Rd., Suite 100
Bozeman, MT 59718
(406) 586-8029

MRI SCREENING SHEET

Patient Name:		Date of Birth:	

All battery-operated implant devices, as well as glucose monitoring systems are strictly prohibited. If you have any of these devices, please let our staff know.

Expected time duration for all scans is approximately one hour.

Please indicate if you **currently** have any of the following:	**Yes**	**No**
Cardiac Pacemaker		
Heart Stent		
Brain Aneurysm Clips		
Aortic Clips		
Cochlear Implants		
Implanted Neurostimulator		
Insulin Pump		
Hearing Aids		
Joint Replacement		
Fractured bones treated with metal rods, plates, screws, nails, or clips		
Prosthetic Device		
Metallic Implants		
Metal Slivers in eyes (If answered yes, X-Ray Clearance needed by a radiologist prior to MRI)		
Shrapnel		
Pregnancy		
Have you ever had an MRI before? If so, when and where:		
Have you had any major surgeries? If so, please list:		
Other:		

NOTE: Ensure that the following items are removed before entering the scan:

- Cell Phone
- Music Devices
- Purse, wallet or money clip, coins
- Credit cards/bank cards with magnetic strips
- Jewelry
- Watch, keys, or pocket knife
- Eyeglasses

Signature: _____ **Date**: _____

ALPINE
ORTHOPEDICS & SPORTS MEDICINE

MRI Disclosure Notice

Pursuant to the Patient Protection and Affordable Care Act (PPACP) of March 23, 2010, all patients being referred for an MRI are required to be notified of other providers who can perform your MRI. The following is a list of providers who provide MRI services should you wish to receive your MRI from another office:

Bozeman Health Deaconess Hospital
915 Highland Boulevard
Bozeman, MT 59715
(406) 414-1035

Advanced Medical Imaging (AMI)
905 Highland Boulevard Ste 1180
Bozeman, MT 59715
(406) 414-5201

Bridger Orthopedics
1450 Ellis Street Ste 201
Bozeman, MT 59715
(406) 587-0122

Livingston HealthCare
320 Alpenglow Lane
Livingston, MT 59047
(406) 222-3541

Bozeman Health Big Sky Medical Center
334 Town Center Ave
Big Sky, MT 59716
(406) 995-6995

Bozeman Health Cottonwood Clinic
875 S Cottonwood Rd
Bozeman, MT 59718
(406) 414-3800

Billings Clinic Bozeman
3905 Wellness Way
Bozeman, MT 59718
(406) 898-1700

By signing this notice, I acknowledge that I have been notified of my rights to receive an MRI at one of these other locations should I decide not to have it performed by Alpine Orthopedics & Sports Medicine.

Patient (Legal Guardian) Signature:_____ Date: _____

Patient's Name: DOB:

Advance Beneficiary Notice (ABN)

Note: Insurance companies do not pay for all your healthcare costs. Insurance companies only pay for covered items and services when their rules/requirements (i.e.: deductibles, co-insurance, etc.) are met. The fact that your insurance will not pay for this item does not mean that you should not receive it. Your doctor recommends the MRI in order to further assess your injury and continue to provide you with quality health care.

The purpose of this form is to help you make an informed decision about whether or not you want to proceed with having the MRI.

Before you make a decision about your options, you should read this entire notice carefully.

- Ask us to explain, if you do not understand why insurance will not pay
  - Our office will call to obtain pre-authorization for the MRI; however, pre-authorization is not a guarantee that your insurance company will pay for the MRI.
- Ask us how much this item will cost you (approximately: **$1,320.00 - $1,450.00**)
  - Codes 73218, 73221, 73718, and 73721 are approximately $1,320.00. (These are the codes for upper and lower extremity joint and non-joint MRIs)
  - Codes 72195, 72141, 72148, 72146 are approximately $1,450.00. (These are the codes for spine and pelvis MRIs)

MRI No Show Policy: Given the high demand for MRI services, we required that you contact our office no later than 24 hours prior to an MRI if you are unable to attend the appointment. This will give our office the opportunity to fill the spot. Failure to give our office at least a 24-hour notice will result in a $50 no show/ late cancellation fee to your account. This fee will not be billed to insurance, you will be required to pay it out of pocket.

Please Choose ONE option, check ONE box, and sign and date below.

☐ **Option 1. YES. I want to get the MRI ($1,320.00-$1,450.00).**

I understand my insurance could not pay for this item. I understand that I might have to pay for this item myself. I agree to be personally and fully responsible for payment.

☐ **Option 2. NO. I do not want to get the MRI.**

I will not receive this item. I understand that you will not be able to submit a claim to my insurance and that I will not be able to appeal your opinion that my insurance company will not pay.

Signature of patient or person acting on patient's behalf Date