

IMPORTANT MUST READ!

***To avoid unexpected out of pocket costs, you
must contact YOUR insurance company:***

- Is precertification or authorization for outpatient procedure required?
- What is your co-pay and out of pocket costs?
- Provide your insurance company with the billing procedure code below.

Billing Code(s):

G0202,77052

Please bring the following items with you to your appointment:

1. Prescription for exam
2. Photo ID (unless patient is underage)
3. Insurance card
4. Co-pay/Deductible (if there is any)

**For Give Back Sunday patients please bring the following items with
you to your appointment:**

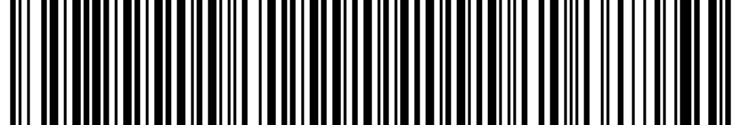
1. Prescription for exam
2. Photo ID (unless patient is underage)
3. Proof of no insurance
4. Proof of yearly income

For any questions regarding proof of insurance and proof of yearly income please contact us.



Zwanger-Pesiri Radiology - Stony Brook Office
2500 Nesconset Highway Bldg 15
Stony Brook, NY 11790
Phone: (631)751-2900
Fax: (631)751-2051

PATIENT INFORMATION					
Patient's Last Name:	First Name:	Middle:	DOB:	Sex:	SSN
OBRIEN	PAMELA	Susan	5/4/1964	FEMALE	121-50-0721
Street Address:		City:		State:	Zip:
19 BUNNY LANE		EAST SETAUKET		NY	11733
Height/Weight	Email Address:		Work Phone:	Home Phone:	Cell Phone:
5'2" 135	PAM.OBRIEN654@GMAIL.COM		(631)730-4388	(631)642-2181	(631)561-9755
APPOINTMENT DATE: 8/3/2016 8:20 AM					
Exam:		PRE-CERT:			
MAMMO SCREENING BILAT					
		REFERRING M.D.:	REFERRING M.D. PHONE:	REFERRING M.D. FAX:	
		CHRISTIAN WESTERMANN	(631)751-9700	(631)751-6979	
INSURANCE INFORMATION (PRIMARY)					
INSURANCE COMPANY:		Group #:		Insurance ID#:	
UNITED HEALTHCARE@@		710635		840576255	
Subscriber Name	Address			SSN#	DOB
OBRIEN, PAMELA	19 BUNNY LANE EAST SETAUKET, NY 11733			121-50-0721	5/4/1964
SUBSCRIBER'S EMPLOYER:		Employer Phone		RELATION TO SUBSCRIBER:	
Three Village Central School District		(631)730-4900		self	
INSURANCE INFORMATION (SECONDARY)					
INSURANCE COMPANY:		Group #:		Insurance ID#:	
Subscriber Name	Address			SSN#	DOB
	, NY				
SUBSCRIBER'S EMPLOYER:		Employer Phone		RELATION TO SUBSCRIBER:	
				SELF	



Patient Acknowledgment

I have read and understand the **Financial Responsibility Form**.

If you do not provide accurate insurance information at the time of service you will be responsible for payment of the services performed.

☒**Accept**☐**Deny**

Patient/Guardian Signature: _____

Date: _____

I acknowledge that I have been provided with a copy of **Zwanger-Pesiri Radiology's Notice of Privacy Practices**.

Patient Signature: _____

Parent/Guardian Signature: _____

You understand that your radiology information will be shared with you, your referring physician, and any other physicians you request us to send copies of your results.

☒**Accept**☐**Deny**

Patient/Guardian Signature: _____

Pregnancy Denial Statement:

Women age 12-55 is there any possibility that you could be pregnant?.

☐**Yes**☒**No**

Patient Signature: _____

Please list below the names and addresses of any other physicians that you wish to receive a copy of the results of your exam.

Dr. Westerman 2500 Nesonset Hwy Building 19c Stony Brook , N& 11790

I hereby authorize the release of all films, images, reports, and medical records as needed for subsequent medical care to the following persons:

Name

Relationship

Phone

Eric OBrien

Husband

631 897-5394

I would like to receive occasional emails on Zwanger Pesiri Services

☐**Yes**☒**No**



Height:	5'3"
Weight in pounds:	135
Circle your smoking status :	Decline / Every day / Occasional smoker/ Exsmoker / Never smoked / Unknown

Please list all your current medications with dosage	
citalopram 40 mg	
premarin .625 mg	

Please list any medication allergies	

Yes	No	Is your injury the result of a work injury?
Yes	No	Is your injury the result of a car accident?
If yes, to either of the above questions, what is the date of injury: _____		

**ZWANGER-PESIRI**
RADIOLOGY**Nassau (516) 798-4242****Suffolk (631) 444-5544**

Elmont **Hicksville** **Plainview**
1390 Hempstead Tpke 272 N. Broadway 680 Old Country Rd
Merrick **Massapequa**
2012 Sunrise Hwy 126 Hicksville Rd

Smithtown **Stony Brook** **East Setauket**
80 Maple Ave 2500 Nesconset Hwy 220 Belle Mead Rd
Lindenhurst **West Islip** **Medford** **Patchogue**
150 E. Sunrise Hwy 759 Montauk Hwy 1729 N. Ocean Ave 285 Sills Road

ADVANCED NOTICE OF NON-COVERAGE - TOMOSYNTHESIS

Dear Mammography Patient,

Digital Breast Tomosynthesis, also known as 3D Mammography, is the latest and most advanced mammographic breast imaging technology. These 3D images greatly improve detail to the radiologist interpreting your examination.

The fee for this additional service is \$75.

Some insurance companies cover 3-D mammography services and other insurance companies do not. (There are also insurance companies that have multiple different plans whereby certain plans cover 3-d mammography and other plans do not.)

As there are hundreds of different plans in the dozens of insurance companies, it is difficult for us to know with certainty whether or not you individually are covered.

The purpose of this ABN (advanced beneficiary notice) is to let you know that if your insurance company does not cover this service, you are accepting the responsibility for the cost.

If you pay at the present time and subsequently either we or you find out your insurance carrier (and plan itself) actually paid for this service, we will promptly refund you the amount you paid.

Zwanger-Pesiri Radiology Group, LLP

YES - Please perform the 3D mammogram:

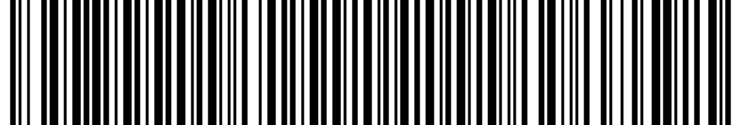
Signature

Date

NO - I decline the 3D mammogram.

Signature

Date



General questionnaire

Reason for exam:

Need Mammagram

Please list your current **medical conditions**

Please list any **prior surgery**

<u>hysterectomy</u>	

Please list any current or previous **cancer**

Date of your last menstrual period? _____





ICD10 for: BREAST



**ONLY FILL IN THE CIRCLES THAT APPLY TO YOU.
DO NOT MARK WITH AN "X" OR A CHECK.**

RIGHT



WRONG




Breast		
Z12.31	<input checked="" type="radio"/>	Screening Mammogram
N64.4	<input type="radio"/>	Breast Pain
S20.01XD	<input type="radio"/>	Contusion (Bruise) of Right Breast
S20.02XD	<input type="radio"/>	Contusion (Bruise) of Left Breast
Z80.3	<input type="radio"/>	Family History of Breast Cancer
Z85.3	<input type="radio"/>	History of Breast Cancer (Personal)
N60.01	<input type="radio"/>	Single Cyst of Right Breast
N60.02	<input type="radio"/>	Single Cyst of Left Breast
N60.12	<input type="radio"/>	Multiple Cysts of Left Breast
N60.11	<input type="radio"/>	Multiple Cysts of Right Breast
R92.8	<input type="radio"/>	Abnormal Breast Imaging Examination
D24.1	<input type="radio"/>	Benign Breast Nodule of Right Breast
D24.2	<input type="radio"/>	Benign Breast Nodule of Left Breast
Z15.01	<input type="radio"/>	BRACA II/I Positive
N64.52	<input type="radio"/>	Nipple Discharge
N64.53	<input type="radio"/>	Nipple Retraction
T85.43XA	<input type="radio"/>	Leakage of breast prosthesis and implant, initial encounter
N65.0	<input type="radio"/>	Implant Deformity
R92.2	<input type="radio"/>	Dense Breasts
R92.0	<input type="radio"/>	Microcalcifications
R92.1	<input type="radio"/>	Calcifications
I97.2	<input type="radio"/>	Lymphedema (Swollen Arm) – Post Mastectomy
N60.21	<input type="radio"/>	Fibroadenosis of right breast
N60.22	<input type="radio"/>	Fibroadenosis of left breast



N61	<input type="radio"/>	Mastitis (Breast Infection)
N64.1	<input type="radio"/>	Fat Necrosis of Breast
N64.2	<input type="radio"/>	Atrophy of Breast
N60.41	<input type="radio"/>	Mammary Duct Ectasia-Right
N60.42	<input type="radio"/>	Mammary Duct Ectasia-Left
N64.89	<input type="radio"/>	Galactocele
N64.3	<input type="radio"/>	Galactorrhea (Milk Discharge)
R59.0	<input type="radio"/>	Localized Enlarged Lymph Nodes
C50.611	<input type="radio"/>	Malignancy Axillary Tail-Right
C50.612	<input type="radio"/>	Malignancy Axillary Tail-Left
C50.411	<input type="radio"/>	Malignancy Upper Outer Quadrant-Right
C50.412	<input type="radio"/>	Malignancy Upper Outer Quadrant-Left
C50.311	<input type="radio"/>	Malignancy Lower Inner Quadrant-Right
C50.312	<input type="radio"/>	Malignancy Lower Inner Quadrant-Left
C50.511	<input type="radio"/>	Malignancy Lower Outer Quadrant-Right
C50.512	<input type="radio"/>	Malignancy Lower Outer Quadrant-Left
C50.211	<input type="radio"/>	Malignancy Upper Inner Quadrant-Right
C50.212	<input type="radio"/>	Malignancy Upper Inner Quadrant-Left
C50.111	<input type="radio"/>	Malignancy Central Breast-Right
C50.112	<input type="radio"/>	Malignancy Central Breast-Left
C50.011	<input type="radio"/>	Malignancy of Nipple/Areolar-Right
C50.012	<input type="radio"/>	Malignancy of Nipple/Areolar-Left
N64.59	<input type="radio"/>	Redness
N63	<input type="radio"/>	Palpable Mass/Nodule/Swelling
N62	<input type="radio"/>	Hypertrophy (Enlargement) of Breast
Z79.811	<input type="radio"/>	Long term (current) use of aromatase inhibitors
Z79.810	<input type="radio"/>	Long term (current) use of selective estrogen receptor modulators (SERMs)



	Patient Signature:	<input type="text"/>	Date:	<input type="text"/>	Staff Signature:	<input type="text"/>
					Staff Signature:	<input type="text"/>