Filling Out an Invoice

Patient Demographics		Weill Cornell Imaging ⊰ NewYork-Presbyterian		INVOICE Invoice #:			<u>To:</u> The person responsible for the bill (i.e. a parent for a pediatric patient) <u>For:</u> Patient information
Patient Must Sign		Name: Address: Patient Signature:				1	Call tech to confirm units of contrast given to patient then multiply by price and
Exam Description & CPT Code i.e. MRI Pelvis w/wo, CPT 72197	→	EXAM TYPE AND MEDICAL RECORD DESCRIPTION MRI, CPT Gadovist, HCPC A9585	Charged Amount	Total Contrast \$.53/unit	\$ \$		place total in the "Amount" column
Fill in your CWID and scan into the patient's chart in EPIC, under the appropriate encounter.							Total is equivalent to the added "Amount column". Note: This is the full price. Patient will pay 50% of this price.
		Document Scanned by: (cwid) Make all checks payable to Weill Cornell Imaging at NewYo Thank you for your business! Reviewed: January 2017			TOTAL:		50% of this price.