



CONSULTATION CHECKLIST

Patient Name: _____ DOB: ____/____/____

To ensure you receive the most comprehensive care and enable us to provide you with a thorough evaluation, RCCA prefers having your records for review prior to the time of your appointment and would appreciate you faxing or delivering them to our office. If you are unable to do so in advance, we request you bring the following records to your appointment. If we do not have your records at the time of your visit, we will need to re-schedule your appointment.

CHECKLIST

For your convenience, below is a checklist of items needed for your visit:

All pages of this RCCA Patient Information Packet completed and signed

Insurance Card(s)

Prescription Plan Card

Photo ID

Referral (if required)

X-ray, MRI, CT, PET, CDs and Reports

Pathology Reports

Laboratory Test Reports



RADIOLOGY PRECERTIFICATION POLICY

Patient Name: _____ DOB: ____/____/____

Patients may schedule their own radiology exams (i.e. MRIs, PET scans, CT scans) or they may request that our office schedule the exams.

Many insurance carriers require precertification for radiology exams. Precertification ensures that your insurance company will pay for the radiology exam that is ordered. If your insurance company requires radiology exams to be precertified, our Radiology Precertification Clerks will contact your insurance company to obtain the precertification. It is essential that you notify our Precertification Clerks 72 hours prior to the time of your exam to provide sufficient time for your insurance company to authorize the radiology exam. If you requested our office to schedule the radiology exam, we will automatically contact your insurance carrier for precertification. However, if you choose to personally schedule your exam, you are responsible for giving us the 72-hour notice, as stated above. If you do not inform us of your exam and precertification is not obtained in time, you will be responsible for any resulting costs from not receiving authorization prior to your exam.

I acknowledge that I have read and understand the RCCA Radiology Precertification Policy. I understand that I will need to give 72-hour notice for all radiology exams that I schedule myself. In turn, I also understand that RCCA will be responsible for precertifying all radiology exams that I inform them of at least 72 hours ahead of time, as well as all exams that the office schedules for me.

Signature of Patient: _____

Print Name: _____

Date: _____