



UNIVERSITY DIAGNOSTIC MEDICAL IMAGING P.C. BONE DENSITOMETRY QUESTIONNAIRE

Acct# _____

NAME: _____ GENDER: M F

DOB _____ SS#: _____ ETHNICITY: _____

HEIGHT: _____ WEIGHT: _____ MENOPAUSE: Y N WHEN: _____

LAST MENSTRUAL PERIOD: _____ SURGICAL HYSTERECTOMY: Y N

MEDICATION HISTORY:

HAVE YOU EVER TAKEN ANY OF THE MEDICATIONS LISTED BELOW, AND IF SO, WHEN?

1. HORMONE THERAPY:

NO YES: _____

2. CALCIUM OR OTHER MINERAL SUPPLEMENTS:

NO YES: _____

3. FOSAMAX, BONIVA, RECLAST ,ACTONEL , EVISTA
or OTHER _____

FAMILY HISTORY:

DOES ANY FAMILY MEMBER HAVE OSTEOPOROSIS? Y N

RELATIONSHIP OF THIS FAMILY MEMBER TO YOU: _____

PERSONAL HISTORY:

HAVE YOU HAD ANY HIP OR SPINE SURGERY? Y / N DATE _____

HAVE YOU HAD THIS TEST BEFORE? Y / N

IF YES, WHEN? _____ WHERE? _____

DO YOU EXERCISE? Y / N



U.D.M.I.
UNIVERSITY DIAGNOSTIC MEDICAL IMAGING, P.C.

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Acct# _____

BONE DENSITY WAIVER

DATE: _____

PATIENT NAME: _____ ACCT #: _____

INSURANCE COMPANY: _____

Have you had a full Bone Density exam, either in this office or in any other office, within the last two years?

No Yes

Many internists and gynecologists are performing "screening" Bone Density exams in their offices. This exam consists of placing **YOUR HAND** or **YOUR HEEL** into a machine to measure the density of your bones. Have you had a "screening" Bone Density exam (placed your hand or heel into a machine) within the last two years?

No Yes

If you answered yes to either of the above questions, when and where was the previous examination performed?

Date: _____ Place: _____

MEDICARE and EMPIRE BLUE CROSS/BLUE SHIELD, as well as many other insurance companies, approve and pay for Bone Density examinations *once every two years*.

I have been informed by the physician and or staff at University Diagnostic Medical Imaging, PC (UDMI) that all or part of the services rendered today may be denied by Medicare Part B or other insurance as medically unnecessary. Although Medicare or other insurances may reduce/deny the procedure, I have advised the physicians or designated staff at UDMI to proceed with the service, and I will assume full responsibility for payment.

I want the Bone Density test listed below. You may ask to be paid now, but I also want my Primary Insurance Carrier (PIC) billed for an official decision on payment, which will be sent to me on a Explanation of Benefits (EOB). I understand that if my PIC doesn't pay, I am responsible for payment, but I can appeal to my PIC by following the directions on the EOB. If my PIC does pay, you will refund any payments I made to you, less co-pays or deductibles.

CPT CODE: 77080 DESCRIPTIONS: Bone Density

APPROVED CHARGE \$ _____

Date

Signature of patient or authorized representative