DOCTORS IMAGING GROUP
6716 NW 11th Place Gainesville, FL 32605 PH (352) 331-9729 Fax (352) 331-9744

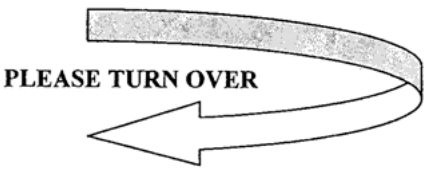
BREAST QUESTIONNAIRE

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

Age of First Menstrual Period: _____ Menopause Age: _____

NEW lumps in breast?	NO	YES	RIGHT	LEFT
NEW pain or discomfort?	NO	YES	RIGHT	LEFT
NEW discharge from nipple?	NO	YES	RIGHT	LEFT
Do you have breast implants?	NO	YES		
Previous breast surgeries?	NO	YES	RIGHT	LEFT
	If yes, date: _____			
	Results: _____			
Are you taking Estrogen?	NO	YES		
Family history of breast cancer?	NO	YES		
	If yes, relationships? _____			
Personal history of cancer?	NO	YES		
	If yes, what type? _____			
Have you had a mammogram before?		NO	YES	
If yes, what facility? _____		Date: _____		



INSURANCE AUTHORIZATION

I authorize the release of any medical information necessary to process my medical claims and request payment of benefits be made to Doctors Imaging Group.

_____ _____

Patient Signature Date

DIGITAL SCREENING MAMMOGRAMS

I understand that if additional views and/or tests (for example, a breast ultrasound) are required for complete diagnosis; the Digital Screening Mammogram becomes a DIAGNOSTIC mammogram instead of a SCREENING mammogram, which will be reflected in the charge.

_____ _____

Patient Signature Date

MEDICARE LIMITATION OF LIABILITY

Medicare will only pay for services it determines to be "reasonable and necessary" under Section 1862 (A)(1) of the Medicare law. If Medicare determines that a particular service is not "reasonable and necessary" under Medicare program standards, Medicare may deny payment for the following reason:

> ***Under Medicare rules, screening mammograms are allowed and payable once every 12 months for women age 40 and over. For women under age 40, Medicare allows one screening mammogram every 24 months.***

PROCEDURE CODE	CHARGE	POSSIBLE REASON FOR DENIAL
G0202 (Screening)	$264.00	See above
77052 (CAD)	$21.00	

_____ _____

Patient Signature Date