



DIAGNOSTIC IMAGING®

Pain Care

Scheduling line: 952.738.4580
Insurance specialist: 952.541.1111
Fax form to: 952.543.6524
Email: TCorders@cdirad.com

- ☐ Blaine
- ☐ Burnsville
- ☐ Coon Rapids
- ☐ St. Louis Park
- ☐ Woodbury

PATIENT INFORMATION

Patient name (as shown on insurance card)		Primary phone #	Secondary phone #
Patient DOB	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Patient will call to schedule	<input type="radio"/> Call patient to schedule
<input type="radio"/> Please release my records from the referring provider listed below to CDI.			

Patient signature (required)

INSURANCE INFORMATION

<input type="radio"/> Commercial/Private	<input type="radio"/> Auto <input type="radio"/> Workers' comp	Date of injury
Insurance carrier	Insurance ID #	Claim #
Member #	Adjuster	Phone #
Group #	Attorney	Phone #

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include **specific** clinical indications (such as location, context and severity) to support medical necessity for each test.

Clinical Decision Support (CDS)

Required for Medicare Part B

Modifier (determination) G-code (vendor)

Is the exam/procedure related to an injury? ☐ Yes ☐ No If yes ☐ Initial ☐ Subsequent or ☐ Sequela

COMPREHENSIVE PAIN CARE EVALUATION FOR:

- ☐ Pain care consult and treat as appropriate
- ☐ Injection ☐ Imaging ☐ Other: _____
- ☐ Regenerative medicine (PRP/BMAC) consult and treat as appropriate

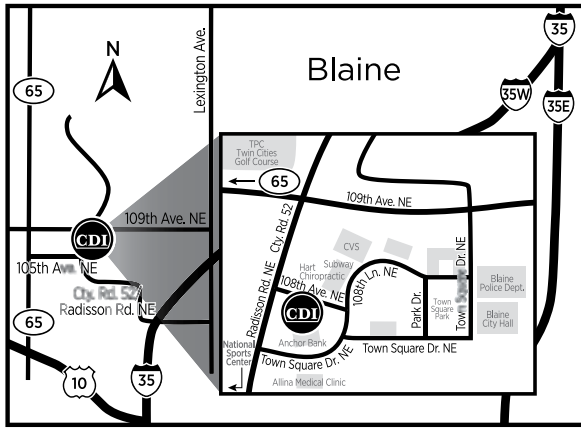
RECOMMENDATIONS MAY INCLUDE:

- Physical therapy
- Behavioral health evaluation
- Medication management in partnership with primary care provider
- Surgical consults
- Injections:
 - Epidurography/Epidural steroid
 - Facet joint steroid
 - Facet nerve block
 - Selective nerve root block
 - Spinal cord stimulator trials
- Imaging:
 - MRI
 - CT
 - X-ray

Regular updates on patient's progress will be provided to you by our CDI Pain Care team.

REFERRING PROVIDER INFORMATION

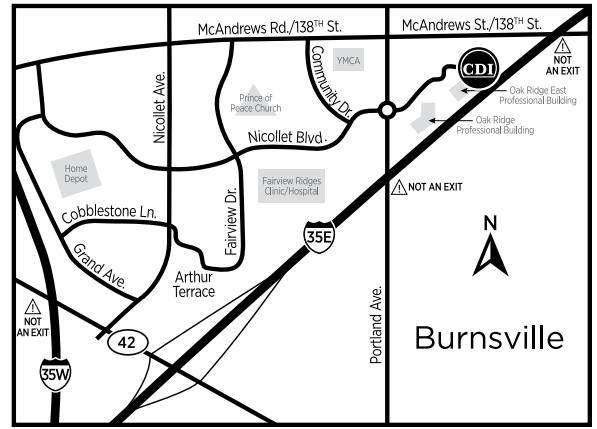
Clinic name	Phone #		Fax
Clinic address	City	State	Zip
Provider name (print)			
Provider signature (required) <i>Do not use rubber stamp.</i>	<input type="checkbox"/>	NPI # (required for new providers)	Date



Blaine

2305 108th Ln. NE
Blaine, MN 55449

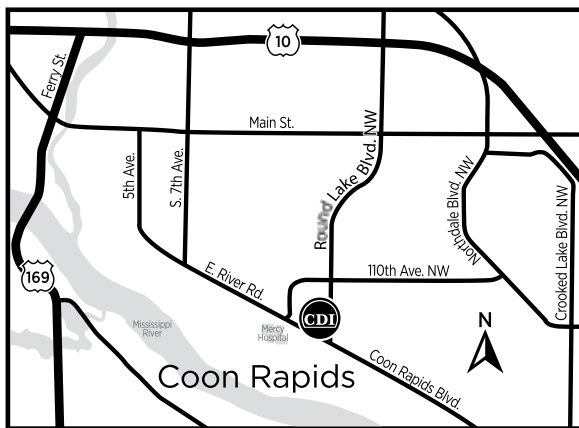
P: 763.278.4429



Burnsville

675 E. Nicollet Blvd., Suite 150
Burnsville, MN 55337

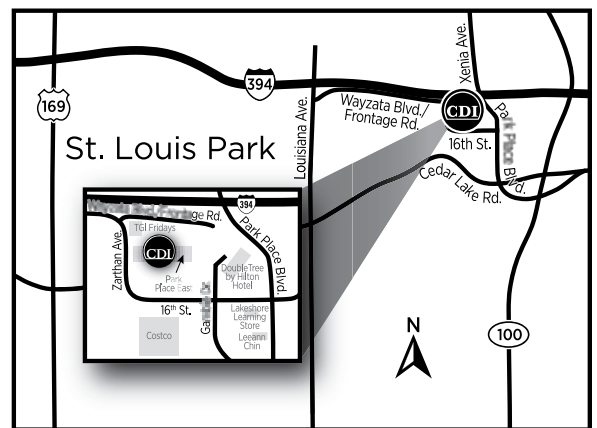
P: 952.898.6627



Coon Rapids

3833 Coon Rapids Blvd. NW, Suite 120
Coon Rapids, MN 55433

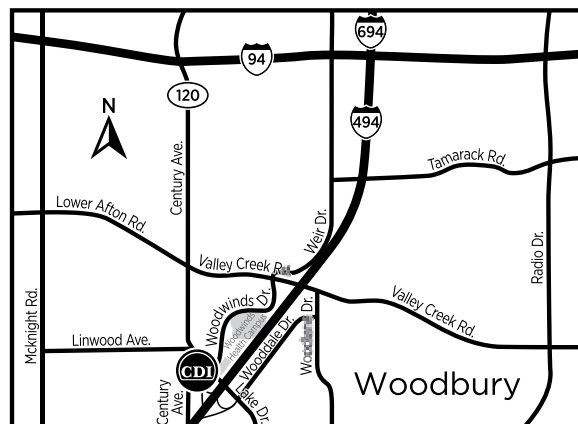
P: 763.433.2000



St. Louis Park

5775 Wayzata Blvd., Suite 190
St. Louis Park, MN 55416

P: 952.541.1840



Woodbury

6025 Lake Rd., Suite 130
Woodbury, MN 55125

P: 651.735.1840