

BRAIN FDG PET/CT ORDER FORM

SCHEDULING

P: 561.496.6935

F: 561.496.6936

Not available in East Boynton and Delray Beach.

See back for addresses.



If faxing an order, please include:

- Demographics
- Insurance card
- Clinical notes

Appointment date and time		Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name		Insurance ID #	Authorization #	
<input type="radio"/> Private <input type="radio"/> Government <input type="radio"/> No insurance	Study <input type="radio"/> FDG PET	Diagnosis <input type="radio"/> Alzheimer's - G30.9 <input type="radio"/> Dementia - F03.90 <input type="radio"/> Memory loss- R41.3 <input type="radio"/> Other _____		
(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? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela				

INSURANCE REQUIREMENTS FOR PET/CT

Complete and attach results if not at RAYUS Radiology FL Southeast

- Date of onset of symptoms _____
- Diagnosis of clinical syndrome ☐ Normal aging ☐ Mild cognitive impairment (MCI) ☐ Mild, moderate or severe dementia
- Mini mental status exam (MMSE) or similar test score _____
- Presumptive cause ☐ Possible ☐ Probable ☐ Uncertain AD
- Neuropsychological testing performed. _____
- Structural imaging (MRI or CT) performed. _____
- Relevant laboratory tests (B12, thyroid hormone). _____
- Number and name of prescribed medications. _____

MEDICARE/HUMANA INSURANCE REQUIREMENTS

The referring provider(s) must have documented the appropriate evaluation of the Medicare beneficiary. Providers should establish the medical necessity of an FDG PET scan by ensuring that the following information has been collected.

PROCESS TO REVIEW WITH THE PATIENT

Once all criteria are met and the order and documentation are received, RAYUS Radiology will call the patient to schedule the study.

Patient consideration <input type="radio"/> Arrange transportation			
REPORTING METHOD <input type="radio"/> Report only via fax _____ <input type="radio"/> Provider portal <input type="radio"/> CD with patient			
Provider name (print)	Provider location City/Zip	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.		NPI # (required for new providers)	Date

BOCA RATON

8142 Glades Rd.
Boca Raton, FL 33434

BOCA RATON WEST

23071 State Rd. 7
Boca Raton, FL 33428

BOYNTON BEACH EAST

1425 Gateway Blvd., Ste 100
Boynton Beach, FL 33426

BOYNTON BEACH WEST

6080 Boynton Beach Blvd., Ste 140
Boynton Beach, FL 33437

DELRAY BEACH

15340 Jog Rd., Ste 160
Delray Beach, FL 33446

PALM BEACH GARDENS

3601 PGA Blvd., Ste 100
Palm Beach Gardens, FL 33410

WELLINGTON

2565 S. State Rd. 7
Wellington, FL 33414

WELLINGTON

WOMEN'S CARE
2863 State Road 7, Ste 400
Wellington, FL 33414

WEST PALM BEACH

1572 Palm Beach Lakes Blvd., Ste 2
West Palm Beach, FL 33401

