

SCHEDULING

- Call patient to schedule
- Obtain authorization

Portland and Auburn's tax ID #01-0510040
 Other centers' tax ID #01-0535132

If faxing an order, please include:

- Demographics
- Insurance card
- Clinical notes



RAYUS RADIOLOGY AUBURN

600 Turner Street, Suite 1
 Auburn, Maine 04210
 P: 800.734.4132
 F: 800.883.6370

RAYUS RADIOLOGY MARSHWOOD

33 Gorham Rd.
 Scarborough, ME 04074
 P: 207.883.3803
 F: 207.883.6370

RAYUS RADIOLOGY BRUNSWICK

1 Admiral Fitch Ave., Suite A
 Brunswick, ME 04011
 P: 800.734.4132
 F: 207.721.8125

RAYUS RADIOLOGY PORTLAND

33 Sewall St.
 Portland, ME 04102
 P: 207.828.2160
 F: 207.828.2167

RAYUS RADIOLOGY REDINGTON

FAIRVIEW HOSPITAL

46 Fairview Ave.
 Skowhegan, ME 04976
 P: 800.734.4132
 F: 207.883.6348

Appointment date and 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"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Patient height	Patient weight	
(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				

MRI

IV contrast as clinically indicated by radiologist **OR** No contrast
 L R BIL

NEURO

- Brain and/or Orbits
- IAC
- Pituitary
- Neck (soft tissue)

Spine

- Cervical
- Thoracic
- Lumbar

BODY

- Chest
- Breast
- Abdomen
- Pelvis
- MRCP w/3D reconstruction

MSK UPPER EXTREMITY

- Elbow
- Finger
- Forearm
- Hand
- Humerus
- Shoulder
- Wrist

MSK LOWER EXTREMITY

- Ankle
- Foot
- Hips
- Pelvis
- Knee
- Pelvis/GYN - specify _____
- Tibia/Fibula

MRA

- Brain
- Neck/Carotids
- Renal arteries
- Abdomen (aorta)
- Upper extremity _____
- Lower extremity _____
- Other _____

OTHER

- Area of body _____
- Arthrogram (joint injection)
- X-ray to rule out metal
- _____

CT

(Auburn, Brunswick and Marshwood locations only)

IV contrast as clinically indicated by radiologist **OR** No contrast
 3D reconstruction as clinically indicated by radiologist **OR** No reconstruction

NEURO

- Brain Orbits
- Facial bones
- Maxilla
- Mandible
- Sinus
- IAC/Temporal bones
- Neck (soft tissue)

Spine

- Cervical
- Thoracic
- Lumbar

BODY

- Chest
- Abdomen
- Pelvis
- Abdomen & pelvis
- Urogram (IVP)
- Enterography
- Kidney stone protocol

MSK

- Extremity _____
- L R BIL

CTA

- Brain
- Abdomen
- Abdomen/pelvis
- Chest to rule out aneurysm
- Neck/Carotids
- Aorta-iliac runoff
- Chest to rule out pulmonary embolism
- Other _____

OTHER

- _____

REPORTING METHOD <input type="radio"/> STAT/ASAP <input type="radio"/> STAT: Call report _____			
Provider name (print)	Provider location City/Zip	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date	