

CT LUNG SCREENING ORDER FORM



ONLINE insideRAYUS.com

- Patient will call to schedule
- Call patient to schedule



Appointment date and time		Check-in time	Sex assigned at birth <input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #
<input type="radio"/> Commercial/Private <input type="radio"/> Medicare or Medicaid (CMS) <input type="radio"/> Self pay <input type="radio"/> Other _____			
Insurance name		Insurance ID #	

INFORMATION NEEDED TO SCHEDULE SCREENING

<p>AGE Date of Birth _____ Current Age _____</p> <p>SMOKING STATUS Current smoker? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Former smoker who quit within the last 15 years? <input type="radio"/> Yes <input type="radio"/> No</p> <p>PACK-YEAR HISTORY Pack-year history ≥ 20? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>OVERALL HEALTH Is the patient asymptomatic (no signs of lung cancer)? <input type="radio"/> Yes <input type="radio"/> No <i>Patients with signs or symptoms of lung cancer do not qualify for screening and should have a diagnostic exam.</i></p> <p>Is the patient free of health problems that substantially limit life expectancy? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Would the patient be able or willing to undergo curative lung surgery or ablative therapy? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>INITIAL OR ANNUAL SCREENING Initial lung screening? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, has patient participated in shared decision making, including counseling on importance of annual screening, impact of comorbidities, and smoking cessation/abstinence?</i> <input type="radio"/> Not applicable (private insurance) <input type="radio"/> Yes</p> <p>Annual/Subsequent lung screening? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, must be scheduled 366 days from previous Chest or Lung CT.</i></p>
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PATIENT ELIGIBILITY REQUIREMENTS

If patient does not meet the eligibility requirements, the exam will not be covered by insurance and the patient will be asked to pay for it.

PAYER	MEDICARE AND MEDICAID (CMS)	COMMERCIAL PAYERS
Exam coverage	Covered for qualified patients	Covered per the Affordable Care Act for qualified patients without cost sharing. Check with individual payers for qualifications
Age	50 - 77	50 - 80
Smoking history	≥ 20 pack-years*	
Smoking status	Current or former smoker who has quit within the last 15 years	
Health status	Asymptomatic (no signs or symptoms of lung cancer)	
Other eligibility	Smoking cessation counseling and shared decision making visit prior to the first scan	The patient must not have a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery

Many Labor Management Funds cover Lung Cancer Screening Exams for their members who:

- Are current or former smokers
- Have had exposure to asbestos or other occupational exposures

Check with the individual plan for coverage criteria.

* Pack-years means: (number of packs smoked per day) x (number of years smoked). For example, a person who smoked two packs of cigarettes per day for 20 years has a history of 40 pack-years of smoking. This person would be eligible for LDCT Lung Cancer Screening according to CMS and ACA guidelines.

OUR LOCATIONS

- ALEXANDRIA**
CALL 320.762.6040
FAX 320.762.6038
- SARTELL EAST**
CALL 320.251.0609
FAX 320.251.3806
- SARTELL WEST**
CALL 320.251.0609
FAX 320.251.3806

Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date