NON-OHIP THIRD PARTY
Request for CT Scan

Axxess Imaging

Fax to 1-888-391-3608

www.axxessimaging.com

Appointment Information

Department Use Only

Appointment Location

Appointment Date (d/m/y) _____

Appointment Time _____

- ❑ No preparation is required. Arrive 30 minutes before the Appointment Time
- ❑ Nothing by mouth 2 hours before the exam. Arrive 30 minutes before the Appointment Time
- ❑ Nothing by mouth 4 hours before the exam. Arrive 90 minutes before the Appointment Time

Patient Information

Health Card No. _____

Last Name _____

First Name _____

❑ M ❑ F

Date of Birth (d/m/y) _____

Address _____

_____

Best # to Call _____

Email _____

Patient History

Requesting CT Scan of the Following Area(s)

Height (cm) _____ Weight (kg) _____

Allergies _____

Creatinine < 90 days _____

Risks for Contrast Administration*

- ❑ Diabetic
- ❑ Using medication containing Metformin
- ❑ Cardiovascular and/or respiratory disease (eg., Hypertension, Asthma)
- ❑ Cancer (especially Myeloma, Pheochromocytoma)
- ❑ Kidney dysfunction and/or solitary kidney
- ❑ Sickle-cell Disease or Polycythemia
- ❑ Pregnant or breastfeeding
- ❑ Hypotensive (< 90/60 mm Hg)

*If your patient has an allergy to X-ray/CT contrast material, or has had a previous **severe** reaction to X-ray/CT contrast material, you **must** prescribe the standard oral premedication treatment for X-ray/CT contrast material allergy.

Clinical Indication for Exam _____

_____

Physician Information

Physician's Name (Please PRINT) _____

Address _____

_____

_____

Phone _____

Fax _____

Physician's Signature × _____

Department Use Only

❑ Timed Procedure/Wait Times Specified

Clinical Indication

Coding _____

Radiologist's Signature × _____

INCOMPLETE, ILLEGIBLE, AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED

Axxess Imaging

THIRD PARTY PAYOR INFORMATION FORM

TEL: 416-886-0304 FAX: 888-391-3608

Company Name: _____ **Contact Person:** _____

Address: _____

Phone # _____ **E-Mail** _____

I hereby authorize the MRI/ CT facility to release, by any means including email or fax, information and records related to my medical examination to the referring physician, to Axxess Imaging and/or to the above noted third party payor (the "Payor"), and/or to any other person or entity for any purpose related to the provisions of the Insurance Act, the Workplace Safety and Insurance Act, the Health Insurance Act and/or any Regulation thereto (including the Statutory Accident Benefits Schedule). I also acknowledge that the Payor will be invoiced for the full fees that would be charged for my examination in the event that I do not / did not attend a scheduled appointment. Also, once an appointment is scheduled and confirmed there are NO cancellations or changes.

THIRD PARTY SERVICES: A "third party service" is a service that is provided to a person by a physician, hospital or other service provider in connection with a request or requirement, made by a third party, that the service be provided to the person, or that information relating to the person be provided to the third party. The third party that makes the request or requirement is liable for payment to the service provider for the service provided to the person specified. Third party services that are not insured by OHIP are those which are received wholly or partly for the production of a document, or the transmission of information to the third party, if the document or the information relates to (check the box below that applies):

- ☐ admission to/continued attendance in a school/educational program/recreational/athletic club/program
- ☐ an application for/continuation of insurance or for/continuation of a license
- ☐ obtaining/continuing employment or entering/maintaining a contract or absence from/return to work
- ☐ an entitlement to benefits, including insurance or pension benefits
- ☐ legal requirements/proceedings
- ☐ **OTHER NON-OHIP:** Some health care services are otherwise excluded from services insured by OHIP under provincial regulations (e.g., exam not meeting specific OHIP criteria for particular body part, exam in support of treatment considered experimental, exam for purpose of clinical research, etc.)
- ☐ **NON-RESIDENT:** Only persons who are ordinarily resident in Ontario, as well as certain other persons deemed to be residents under provincial regulations, are entitled to receive OHIP-insured services without charge. Therefore, services provided to non-residents of Ontario are not insured by OHIP.

The patient, referring physician/physician's agent and/or third party/third party's agent (if applicable) hereby certify that the patient meets all of the requirements of the category checked above.

PATIENT SIGNATURE **THIRD PARTY PAYOR SIGNATURE**

_____ _____

IN CLINIC PATIENT SIGNATURE: _____

Axxess Imaging

Third Party Payor Waiver Form

Attention:

We have received a referral form to schedule your client/patient,_____,
for a Medical Imaging examination.

As you may be aware, Axxess Imaging provides access to diagnostic imaging examination services to third party payers. Individuals cannot pay for a Medical Imaging examination privately.

We have implemented a policy whereby we are requesting that our third party clients provide us with an assurance that they are paying for the imaging examination of the Ontario resident they are sending to Axxess Imaging. In addition, it is understood that the corporation is paying for this service as a entitlement to a corporate benefit.

As soon as we receive a fax of this completed form, we would be happy to assist you in booking the appointment for your client. We appreciate your assistance in this matter.

TO BE COMPLETED BY REPRESENTATIVE OF THIRD PARTY PAYER

This will confirm that our client/patient, _____ is not paying for his/her Medical Imaging examination privately. The third party responsible for the payment of this corporate benefit is:

_____

Name and full address of company : Address Line 1

_____

Address Line 2

_____ _____

Authorized Signature Name and Title (Please Print)

_____

Date

Please send this completed forms by fax at **1-888-391-3608** or scan and email to **laura.miller@axxessimaging.com**

If your require assistance completing these forms please contact 416-886-0304.Thanks