



# REQUEST FOR DIAGNOSTIC IMAGING STUDY

PLEASE PRINT LEGIBLY

945 Shasta Street, Suite 100 ■ Yuba City

**\* REQUIRED FIELDS**

To Schedule an Appointment (530) 674-9000

\*PATIENT NAME: \_\_\_\_\_ \*DOB: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

\*REFERRING DR: \_\_\_\_\_ PHONE: \_\_\_\_\_ COPY TO: \_\_\_\_\_  
CHECK ☐ FOR STAT PHONE REPORT

\*CHIEF COMPLAINT: \_\_\_\_\_ \*HISTORY: \_\_\_\_\_

\*SIGNS/SYMPTOMS \_\_\_\_\_ CLINICAL FINDINGS: \_\_\_\_\_

| XRAY HEAD   |  | CPT   | ULTRASOUND  |  | CPT         | MRI                            |       | CPT  |
|---|--|-------|---|--|-------------|--------------------------------|-------|--|
| Nasal bone 3V   |  | 70160 | Renal (4 hrs NPO)   |  | 76770       | Brain WO                       |       | 70551  |
| Neck for soft tissue  |  | 70360 | Abdomen (8 hrs NPO)   |  | 76700       | Brain W&WO                     |       | 70553  |
| Sinuses   |  | 70220 | Gallbladder (12 hrs NPO)  |  |             | Brain/Orbits                   |       | 70553/70543  |
| Sinuses <3V   |  | 70210 | Pelvic/transvaginal   |  | 76856/76830 | Brain/Pituitary                |       | 70553  |
| Skull series  |  | 70260 | Thyroid   |  | 76536       | Brain/IACS                     |       | 70553  |
| <b>XRAY CHEST</b>   |  |       | Doppler ARTERIAL bilat 93925/93922  |  |             | Cervical spine WO              |       |  |
| Chest 1 view  |  | 71045 | Doppler VENOUS <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilat         |  |             | Soft Tissue Neck, Face, Orbits |       |  |
| Chest 2 vw  |  | 71046 | Doppler CAROTID   |  |             |                                | 93880 | Lumbar spine WO  |
| Ribs <input type="checkbox"/> L <input type="checkbox"/> R (+1v chest)                              |  | 71101 | Scrotal   |  |             |                                | 76870 | Lumbar spine WWO (indicated only if hx of lumbar surgery )             |
| Ribs Bilateral (+1v chest)  |  | 71111 | Extremity NON-Vascular  |  |             |                                |       | 72158  |
| <b>XRAY SPINE</b>   |  |       | body part _____   |  |             |                                | 76882 | Thoracic spine WO  |
| Cervical w/obliques   |  | 72050 | Groin/inguinal  |  |             |                                | 76881 | Thoracic spine W&WO  |
| Cervical <4 views   |  | 72040 | Soft Tissue Neck  |  |             |                                | 76536 |  |
| Thoracic  |  | 72072 | Other: _____  |  |             |                                |       | Extremity joint <input type="checkbox"/> L <input type="checkbox"/> R  |
| Lumbar w/obliques   |  | 72110 | <b>CT SCAN <input type="checkbox"/>W <input type="checkbox"/>WO</b>   |  |             |                                |       | Body Part: _____   |
| Lumbar <4 views   |  | 72100 | Head  |  |             |                                |       | MRI Arthrogram <input type="checkbox"/> L <input type="checkbox"/> R   |
| SI joints   |  | 72200 | Soft tissue neck  |  |             |                                |       | body part: _____   |
| Scoliosis study   |  | 72082 | Chest/Thorax  |  |             |                                |       | TMJ  |
| Sacrum/coccyx   |  | 72220 | Abdomen/Pelvis  |  |             |                                |       | Abdomen W&WO   |
| <b>XRAY PELVIS/HIPS</b>   |  |       | Renal   |  |             |                                |       | 74183  |
| Pelvis  |  |       | Urogram (Abd/pelv WO)   |  |             |                                |       | Pelvis WO  |
| Hip/pelvis <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral |  |       | (indicated for stones/pain)   |  |             |                                |       | 72195  |
|   |  |       | Urogram (Abd/pelv WWO)  |  |             |                                |       | Pelvis W&WO  |
|   |  |       | (indicated for painless hematuria)  |  |             |                                |       | 72197  |
| <b>XRAY ABDOMEN</b>   |  |       | Multiphase:   |  |             |                                |       | MRI Angiogram  |
| Abdomen 2V & chest  |  | 74022 | <input type="checkbox"/> Kidney/pelvis (Abd/pelv WWO)   |  |             |                                |       | For MRI xray orbits to r/o foreign body in eyes if indicated by hx     |
| KUB   |  |       | <input type="checkbox"/> Liver <input type="checkbox"/> Adrenal <input type="checkbox"/> Pancreas (Abd WWO) |  |             |                                |       | 70030  |
| <b>UPPER EXTREMITY <input type="checkbox"/>L <input type="checkbox"/>R</b>                          |  |       | Spine: <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar  |  |             |                                |       | <b>SPECIAL PROCEDURES</b>  |
| <input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> Wrist        |  |       | Extremity <input type="checkbox"/> L <input type="checkbox"/> R Specify: _____                              |  |             |                                |       | Arthrogram <input type="checkbox"/> L <input type="checkbox"/> R       |
| <input type="checkbox"/> Humerus <input type="checkbox"/> Forearm                                   |  |       | Sinus (maxillofacial) WO  |  |             |                                | 70486 | body part: _____   |
| <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Clavicle  |  |       | CTA <input type="checkbox"/> Head <input type="checkbox"/> Renal <input type="checkbox"/> Carotid           |  |             |                                |       | Kenalog shoulder <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>LOWER EXTREMITY <input type="checkbox"/>L <input type="checkbox"/>R</b>                          |  |       | CTA Aortic w/runoff   |  |             |                                |       | Vertebroplasty <b>CONSULTATION</b> 99202                               |
| <input type="checkbox"/> Femur <input type="checkbox"/> Knee <input type="checkbox"/> Tib-fib       |  |       | Other CT: _____   |  |             |                                |       | L spine T spine Level: _____   |
| <input type="checkbox"/> Foot <input type="checkbox"/> Ankle <input type="checkbox"/> Toes          |  |       |   |  |             |                                |       | Vertebroplasty <b>PERCUTANEOUS</b>                                     |
|   |  |       |   |  |             |                                |       | (performed at Rideout Memorial Hosp)                                   |
|   |  |       |   |  |             |                                |       | L spine T spine Level: _____   |

NOTES:

# EXAM PREPARATION

*For all exams, please advise scheduler if patient has mobility limitations or if there may be any reason to allot extra time for the exam.*

◆ Please check with insurance carrier to determine whether a pre-authorization or utilization review is required for examination/procedure. ◆

## ☐ MRI

### ANY CONTRAST EXAM

- BUN/Creatinine **may** be required: age 60+ **OR** diabetic **OR** renal insufficiency

### ALL EXAMS

- No metal jewelry, no zippers/metal on clothing

## ☐ ULTRASOUND

### PELVIC EXAM

- Consume 32 oz of water beginning 90 minutes prior to exam time. **Do not release the bladder.**

### ABDOMEN EXAM

- **NO** food or liquid 8 hours prior to exam time

### RENAL

- **NO** food 4 hours prior to exam time. **NO** liquid 4 hours prior to exam, *except* consume 24 oz of water beginning 90 minutes prior to exam time. **Do not release the bladder.**

## ☐ CT

### ANY IV CONTRAST EXAM

- **NO** solid food or dairy products 4 hours prior to exam time
- BUN/Creatinine required: age 65+ **OR** diabetic **OR** renal insufficiency

### ABDOMEN AND/OR PELVIC EXAM

- **NO** solid food or dairy products 4 hours prior to exam time
- Consume 32 oz of water beginning 45 minutes prior to exam time

### SINUS EXAM

- **NO** sinus sprays 48 hours prior to exam time

**General Scheduling: (530) 674-9000**

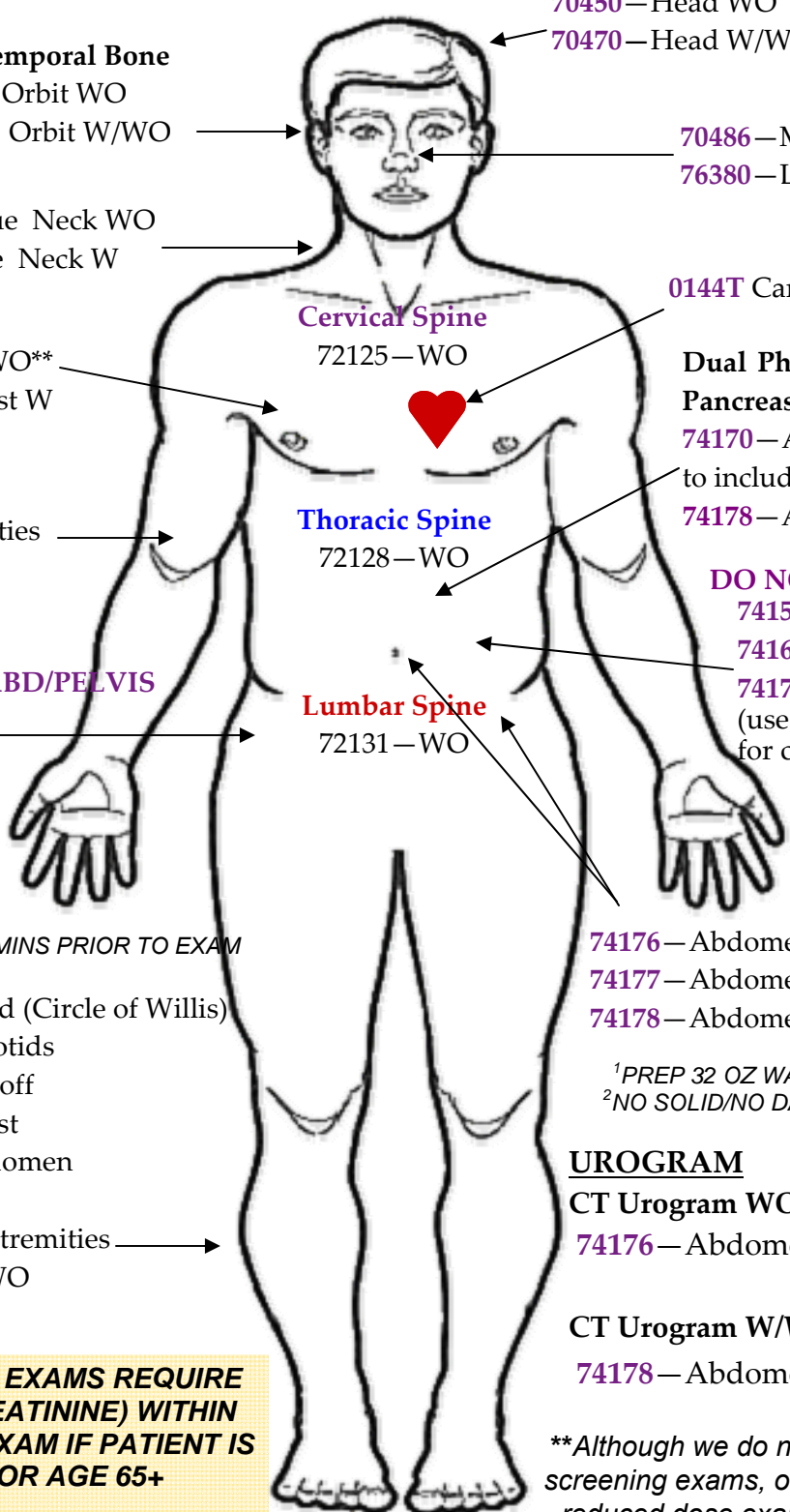


Dedicated coordinators  
are available to answer  
your questions:

CT (530) 645-5337, fax (530) 645-5370  
MRI (530) 645-5322, fax (530) 645-5362  
Ultrasound (530) 645-5341, fax (530) 645-5369  
Medical Records (530) 645-5328, fax (530) 645-5375

# CT CPT CODING GUIDE

Fax order to (530) 645-5370



**IAC, Temporal Bone**  
**70480**—Orbit WO  
**70482**—Orbit W/WO

**70450**—Head WO  
**70470**—Head W/WO

**70486**—Maxillofacial/Sinus WO  
**76380**—Limited Sinus

**70490**—Soft Tissue Neck WO  
**70491**—Soft Tissue Neck W

**Cervical Spine**  
**72125**—WO

**71250**—Chest WO\*\*  
**71260**—Chest W

**0144T** Cardiac Calcium Scoring

**Dual Phase Liver, Adrenal Glands, Pancreas** (Hematuria, Renal Mass)  
**74170**—Abdomen W/WO  
 to include **Kidneys/Ureters**  
**74178**—Abdomen/Pelvis W/WO

**Upper Extremities**  
**73200**—WO

**Thoracic Spine**  
**72128**—WO

**DO NOT USE FOR ABD/PELVIS**  
**72192**—Pelvis WO  
**72193**—Pelvis W  
**72194**—Pelvis W/WO  
 (use Abdomen/Pelvis exam for complaints of pain)  
*PREP 32 OZ WATER 45 MINS PRIOR TO EXAM*

**Lumbar Spine**  
**72131**—WO

**DO NOT USE FOR ABD/PELVIS**  
**74150**—Abdomen WO  
**74160**—Abdomen W  
**74170**—Abdomen W/WO  
 (use Abdomen/Pelvis exam for complaints of pain)  
*PREP 32 OZ WATER 45 MINS PRIOR TO EXAM*  
*NO SOLID/NO DAIRY 4 HOURS PRIOR TO EXAM*

**74176**—Abdomen/Pelvis WO<sup>1</sup>  
**74177**—Abdomen/Pelvis W <sup>1,2</sup>  
**74178**—Abdomen/Pelvis W/WO <sup>1,2</sup>

<sup>1</sup>PREP 32 OZ WATER 45 MINS PRIOR TO EXAM  
<sup>2</sup>NO SOLID/NO DAIRY 4 HOURS PRIOR TO EXAM

**70496**—CT Angio Head (Circle of Willis)  
**70498**—CT Angio Carotids  
**75635**—CT Angio Runoff  
**71275**—CT Angio Chest  
**74175**—CT Angio Abdomen

**Lower Extremities**  
**73700**—WO

**UROGRAM**  
**CT Urogram WO** (Painful Hematuria)  
**74176**—Abdomen & Pelvis WO

**CT Urogram W/WO** (Hematuria, no pain)  
**74178**—Abdomen & Pelvis W/WO

**\*\*Although we do not perform "LOW DOSE CT" screening exams, our CT exams are considered reduced dose exams and we use the minimum dose required to obtain a clinically valuable study.**

**ALL CONTRAST EXAMS REQUIRE LABS (BUN/CREATININE) WITHIN SIX WEEKS OF EXAM IF PATIENT IS DIABETIC OR AGE 65+**

**SUTTER BUTTES  
IMAGING**  
MEDICAL GROUP, INC.

**CT Coordinator (530) 645-5337**

WO=Without Contrast  
 W=With Contrast  
 W/WO=With & Without Contrast

# Ultrasound Preparation/Instructions

## Abdomen Ultrasound

- **Nothing to eat or drink 8 hours prior to the exam. If exam is for attention to gallbladder, NPO 12 hours.**
- Morning medications may be taken with a small sip of water or after the exam.
- Avoid chewing gum or smoking before the exam. This action will introduce air into the stomach making it difficult to get accurate images of abdominal organs.

## Abdomen/Aorta Doppler Ultrasound

- **Nothing to eat or drink 8 hours prior to the exam.**
- Morning medications may be taken with a small sip of water or after the exam.
- Avoid chewing gum or smoking before the exam. This action will introduce air into the stomach making it difficult to get accurate images of abdominal organs.

## Renal Ultrasound

- **Nothing to eat or drink 4 hours prior to the exam.**
- 24 ounces of water consumed 1½ hours before the exam. Water should be consumed within 30 minutes. Do not empty the bladder. The bladder must be full in order to perform an accurate exam.

## Pelvic Ultrasound

- 32 ounces of water consumed 1½ hours before the exam. Water should be consumed within 30 minutes. Do not empty the bladder. The bladder must be full in order to perform an accurate exam.

# CT Preparation

## For all Abdomen and/or Pelvis exams:

- **No solid food or dairy products 4 hours prior to the exam.**
- 32 ounces of water consumed 45 minutes before the exam. It is permissible to empty the bladder.

## For all CONTRAST exams:

- **No solid food or dairy products 4 hours prior to the exam (clear liquids permissible).**

If you have any questions or concerns about the preparation, please feel free to contact us at (530) 674-9000.

# WATER PREP SCHEDULE

For ultrasound only, **PATIENT MUST HOLD BLADDER UNTIL COMPLETION OF EXAM.**

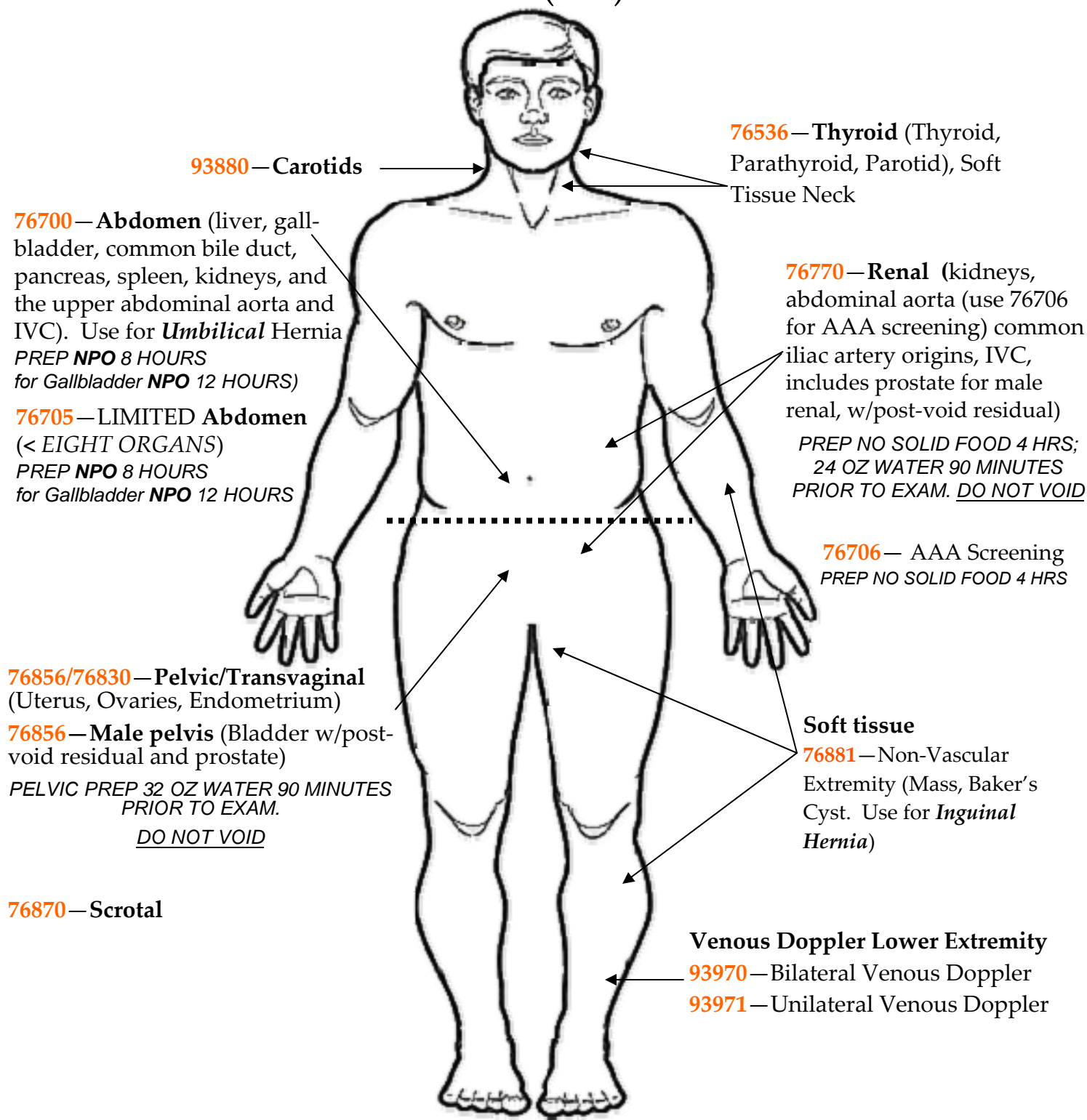
| <u>APPT TIME</u> | <u>ULTRASOUND</u> | <u>CT</u> |
|------------------|-------------------|-----------|
| 8:00 AM          | 6:30 AM           | 7:15 AM   |
| 8:10 AM          | 6:40 AM           | 7:25 AM   |
| 8:20 AM          | 6:50 AM           | 7:35 AM   |
| 8:30 AM          | 7:00 AM           | 7:45 AM   |
| 8:40 AM          | 7:10 AM           | 7:55 AM   |
| 8:50 AM          | 7:20 AM           | 8:05 AM   |
| 9:00 AM          | 7:30 AM           | 8:15 AM   |
| 9:10 AM          | 7:40 AM           | 8:25 AM   |
| 9:20 AM          | 7:50 AM           | 8:35 AM   |
| 9:30 AM          | 8:00 AM           | 8:45 AM   |
| 9:40 AM          | 8:10 AM           | 8:55 AM   |
| 9:50 AM          | 8:20 AM           | 9:05 AM   |
| 10:00 AM         | 8:30 AM           | 9:15 AM   |
| 10:10 AM         | 8:40 AM           | 9:25 AM   |
| 10:20 AM         | 8:50 AM           | 9:35 AM   |
| 10:30 AM         | 9:00 AM           | 9:45 AM   |
| 10:40 AM         | 9:10 AM           | 9:55 AM   |
| 10:50 AM         | 9:20 AM           | 10:05 AM  |
| 11:00 AM         | 9:30 AM           | 10:15 AM  |
| 11:10 AM         | 9:40 AM           | 10:25 AM  |
| 11:20 AM         | 9:50 AM           | 10:35 AM  |
| 11:30 AM         | 10:00 AM          | 10:45 AM  |
| 11:40 AM         | 10:10 AM          | 10:55 AM  |
| 11:50 AM         | 10:20 AM          | 11:05 AM  |
| 12:00 PM         | 10:30 AM          | 11:15 AM  |
| 12:10 PM         | 10:40 AM          | 11:25 AM  |
| 12:20 PM         | 10:50 AM          | 11:35 AM  |
| 12:30 PM         | 11:00 AM          | 11:45 AM  |
| 12:40 PM         | 11:10 AM          | 11:55 AM  |
| 12:50 PM         | 11:20 AM          | 12:05 PM  |

| <u>APPT TIME</u> | <u>ULTRASOUND</u> | <u>CT</u> |
|------------------|-------------------|-----------|
| 1:00 PM          | 11:30 AM          | 12:15 PM  |
| 1:10 PM          | 11:40 AM          | 12:25 PM  |
| 1:20 PM          | 11:50 AM          | 12:35 PM  |
| 1:30 PM          | 12:00 PM          | 12:45 PM  |
| 1:40 PM          | 12:10 PM          | 12:55 PM  |
| 1:50 PM          | 12:20 PM          | 1:05 PM   |
| 2:00 PM          | 12:30 PM          | 1:15 PM   |
| 2:10 PM          | 12:40 PM          | 1:25 PM   |
| 2:20 PM          | 12:50 PM          | 1:35 PM   |
| 2:30 PM          | 1:00 PM           | 1:45 PM   |
| 2:40 PM          | 1:10 PM           | 1:55 PM   |
| 2:50 PM          | 1:20 PM           | 2:05 PM   |
| 3:00 PM          | 1:30 PM           | 2:15 PM   |
| 3:10 PM          | 1:40 PM           | 2:25 PM   |
| 3:20 PM          | 1:50 PM           | 2:35 PM   |
| 3:30 PM          | 2:00 PM           | 2:45 PM   |
| 3:40 PM          | 2:10 PM           | 2:55 PM   |
| 3:50 PM          | 2:20 PM           | 3:05 PM   |
| 4:00 PM          | 2:30 PM           | 3:15 PM   |
| 4:10 PM          | 2:40 PM           | 3:25 PM   |
| 4:20 PM          | 2:50 PM           | 3:35 PM   |
| 4:30 PM          | 3:00 PM           | 3:45 PM   |
| 4:40 PM          | 3:10 PM           | 3:55 PM   |
| 4:50 PM          | 3:20 PM           | 4:05 PM   |
| 5:00 PM          | 3:30 PM           | 4:15 PM   |
| 5:10 PM          | 3:40 PM           | 4:25 PM   |
| 5:20 PM          | 3:50 PM           | 4:35 PM   |
| 5:30 PM          | 4:00 PM           | 4:45 PM   |

Please call our Scheduling Department with  
questions regarding exam prep:  
(530) 674-9000

# ULTRASOUND CPT CODING GUIDE

Fax order to (530) 645-5369



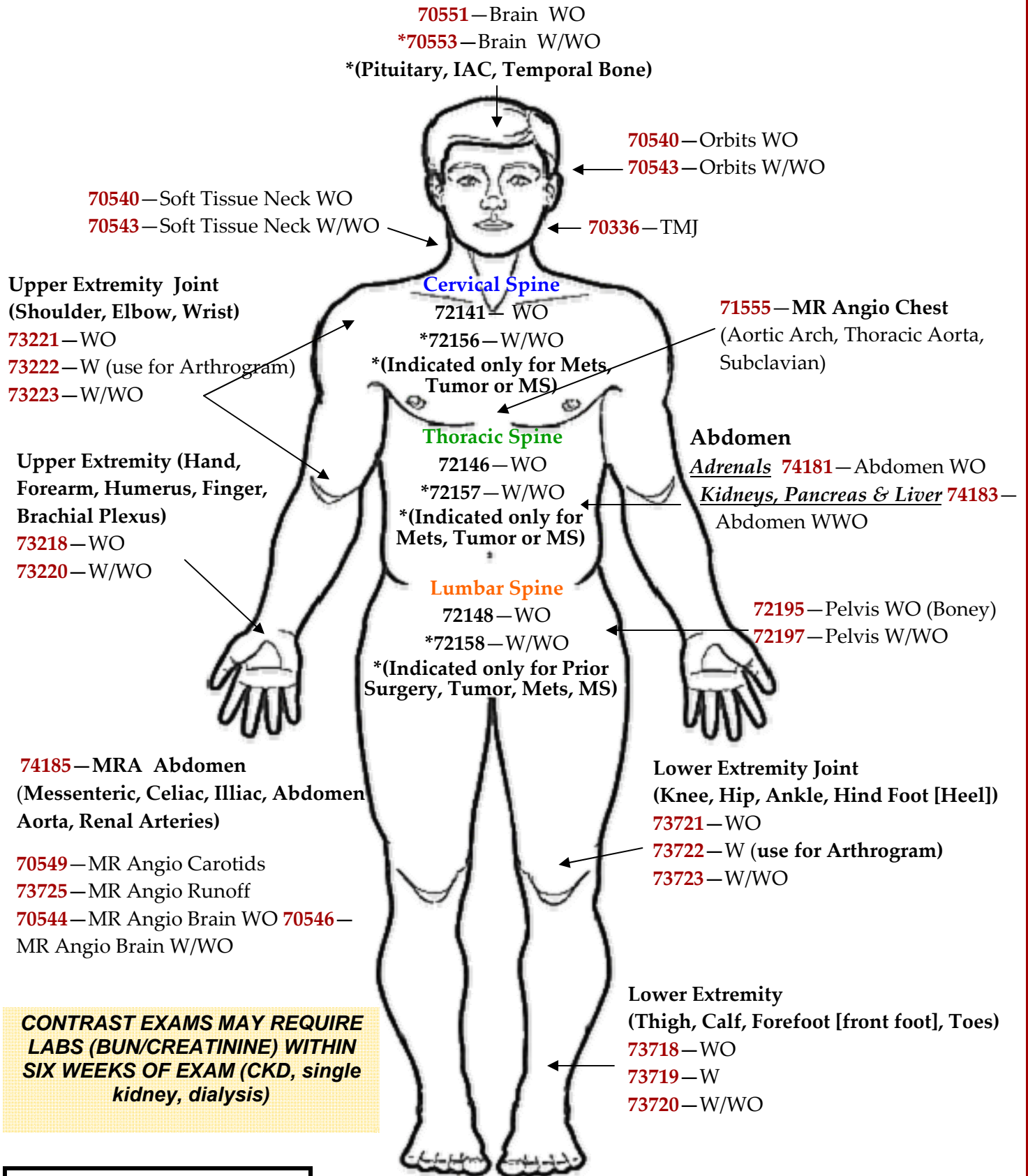
SUTTER BUTTES  
**IMAGING**  
MEDICAL GROUP, INC.

Ultrasound Coordinator (530) 645-5341



# MRI CPT CODING GUIDE

Fax order to (530) 645-5362



**CONTRAST EXAMS MAY REQUIRE LABS (BUN/CREATININE) WITHIN SIX WEEKS OF EXAM (CKD, single kidney, dialysis)**

WO=Without Gad  
 W=With Gad  
 W/WO=With & Without Gad

**SUTTER BUTTES**  
**IMAGING**  
 MEDICAL GROUP, INC.

**MRI COORDINATOR**  
 (530) 645-5343

| WHAT WE ASK   | WHY WE NEED IT   |
|---|--|
| The specific exam to be scheduled – Ultrasound, MRI, or CT <b>OF:</b> <ul style="list-style-type: none"> <li>➤ Exact body part</li> <li>➤ With contrast...WO contrast...WWO contrast, etc.</li> </ul>   | <ul style="list-style-type: none"> <li>• necessary so we can locate a suitable time slot for the exam</li> </ul>   |
| Is patient wheelchair-bound, does patient use a walker or have other mobility challenges; are there any contraindications to MRI imaging – history of welding, ferrous metal implants?  | <ul style="list-style-type: none"> <li>• patients needing physical assistance will require longer time slots for all exams</li> <li>• certain pacemakers or other implants can react to MRI scanning with dangerous consequences for the patient</li> </ul>  |
| Patient weight  | <ul style="list-style-type: none"> <li>• to calculate appropriate contrast administration</li> <li>• to ensure that exam table weight limits are not exceeded (MRI 300#; CT 350#; Ultrasound 400#; any Arthrogram 250#)</li> <li>• for certain exams, body habitus is a factor in the time required for a procedure</li> </ul> |
| If the exam is to be performed with contrast, is the patient age 65 or older <b>OR</b> is the patient diabetic or suffering renal insufficiency? <ul style="list-style-type: none"> <li>➤ If yes, we must have recent (<u>within six weeks of exam date</u>) BUN/creatinine levels</li> </ul>                 | <ul style="list-style-type: none"> <li>• contrast medium can have a detrimental effect on compromised kidneys</li> </ul>   |
| Has the patient had prior relevant imaging <ul style="list-style-type: none"> <li>➤ If yes, when and where was this imaging performed</li> </ul>  | <ul style="list-style-type: none"> <li>• comparison imaging can alleviate concerns about variances that are typical for this patient</li> <li>• comparison imaging can reveal new processes or conditions, as well as document interval change to known conditions</li> </ul>  |
| Patient FIRST name (spelling of names is frequently helpful), DOB, current address, telephone number <ul style="list-style-type: none"> <li>➤ If patient is not in our database, we will need complete home address and a working telephone number, cell phone preferred and alternate appreciated</li> </ul> | <ul style="list-style-type: none"> <li>• first name and DOB is most effective to locate the correct patient quickly</li> <li>• <b>telephone number (cell phone preferred) is vital to confirm and prep patient and for texting reminders</b></li> <li>• current address information is crucial to contact patient</li> </ul>   |
| Insurance billing information: <ul style="list-style-type: none"> <li>✓ Insurance company/payer</li> <li>✓ <u>ID card number</u></li> <li>✓ If applicable, pre-authorization number and expiration date</li> </ul>  | <ul style="list-style-type: none"> <li>• Insurance eligibility is confirmed prior to patient's appointment</li> <li>• pre-authorization is typically required for CT or MRI</li> </ul>   |
| ICD-10 code(s) <ul style="list-style-type: none"> <li>➤ If injury related or a work comp illness or injury, we will need a DOI</li> </ul>   | <ul style="list-style-type: none"> <li>• ICD-10 codes are now required for ALL insurance billing</li> <li>• DOI is required for workers comp claims, but DOI can also aid the Radiologist during interpretation</li> </ul>   |
| Referring provider name and <b>practice address</b>   | <ul style="list-style-type: none"> <li>• vital for prompt delivery of reports</li> </ul>   |



# SUTTER BUTTES IMAGING

MEDICAL GROUP, INC.

*An ACR accredited facility*

## SIMPLIFIED SELF-PAY FEE SCHEDULE

Effective 10/01/2019

### CT (other than Abdomen/Pelvis)

|                         |          |
|-------------------------|----------|
| Without contrast        | \$385.00 |
| With contrast           | \$495.00 |
| With & Without contrast | \$600.00 |
| CT Angiogram            | \$700.00 |
| Cardiac Calcium Scoring | \$200.00 |

### CT Abdomen/Pelvis

|                         |          |
|-------------------------|----------|
| Without contrast        | \$500.00 |
| With contrast           | \$610.00 |
| With & Without contrast | \$710.00 |

### MRI

|                          |          |
|--------------------------|----------|
| Without contrast         | \$700.00 |
| With contrast            | \$775.00 |
| With & Without contrast  | \$825.00 |
| MR Angiogram             | \$935.00 |
| MR Arthrogram (complete) | \$975.00 |

### X-ray

|                            |          |
|----------------------------|----------|
| Any X-ray (each body part) | \$ 80.00 |
|----------------------------|----------|

### Ultrasound

|                     |          |
|---------------------|----------|
| General ultrasound  | \$280.00 |
| Vascular ultrasound | \$350.00 |

**All exams require a physician's order.** Prices listed above are based upon PAYMENT IN FULL by cash, check, debit/credit card at the time of service. Prices are subject to change without notice. Any estimate furnished is based on information provided at the time of inquiry and total charges may vary with actual exam(s) performed.

▪ We will not submit a claim to insurance for studies paid for under this fee schedule ▪

*Please call (530) 671-1780 for pricing of services not listed above.*

**Scheduling**  
**(530) 674-9000**

*Dedicated coordinators are  
available to answer  
your questions:*

MRI 645-5322

CT 645-5337

Ultrasound 645-5341

945 Shasta Street, Suite 100

Yuba City, CA 95991

[www.sutterbuttesimaging.com](http://www.sutterbuttesimaging.com)



## *INSURER AUTHORIZATION GUIDELINES*

- **NIA (Blue Shield, CHW)**
  - Authorization is valid for “families” of exams (ex. an auth issued by NIA for MRI LSP would be valid for the study to be performed WITH contrast **or** WITHOUT contrast **or** WITH & WITHOUT contrast)
- **AIM (Blue Cross)**
  - Authorization is valid for “families” of exams
- **Anthem Medi-Cal**
  - Authorization is valid for SPECIFIC CPT/exam
- **River City Medical Group**
  - Authorization is valid for SPECIFIC CPT/exam
- **Tricare West (Health Net Federal Services)**
  - Authorization is valid for SPECIFIC CPT/exam requested – REFER TO WEBSITE FOR FURTHER DETAILS
- **Nivano/Northern California Physicians**
  - Authorization is valid for SPECIFIC CPT/exam



# **WE ARE PLEASED TO ANNOUNCE PACS ONLINE ACCESS**

***EXCLUSIVELY FOR OUR REFERRING  
PHYSICIANS AND STAFF***

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GET EASY AND IMMEDIATE ACCESS TO YOUR  
PATIENTS' IMAGING AND RESULTS.

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IMAGING'S ONLINE PACS, SIMPLY COMPLETE THE  
ACCESS REQUEST FORM FOLLOWING THIS PAGE  
AND EMAIL THE FORM TO:

**[pacsrequests@sbmri.net](mailto:pacsrequests@sbmri.net)**

or FAX TO **(530) 645-5355**

PLEASE SUBMIT AN ACCESS REQUEST FORM FOR EACH USER

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Vipin Bansal, M.D.

## **IMAGE ARCHIVE ACCESS AND CONFIDENTIALITY AGREEMENT**

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As a physician or employee of a physician or medical group granted access to the image archive, you must comply with HIPAA regulations and SBI policies regarding PHI and confidentiality. Violation of these regulations or policies will terminate your web access and may subject you to fines and other penalties.

**As a condition of and in consideration of your web access to the SBI Image Archive, and by your signature below, you agree to and understand the following:**

1. to access and use only that PHI regarding patients you (your employer) referred to Sutter Buttes Imaging Medical Group, Inc./Sutter Buttes MRI, LLC or with whom you have a treatment relationship;
2. not to release/divulge any PHI without proper authority and/or written release of the patient and that doing so will subject you to federal and state fines and other penalties up to and including incarceration;
3. not to misuse any PHI/confidential information obtained under this agreement and that doing so will subject you to federal and state fines and other penalties up to and including incarceration;
4. to maintain a secure work environment such that viewing of patient information via the web browser is not visible to the general public;
5. to immediately report compromise of PHI obtained under this agreement to the SBI Compliance Officer, Sheila Gee at (530) 645-5338;
6. that the privilege to access patient information under this agreement may be terminated at any time for breach of this agreement;
7. that you have no right or ownership interest in any information obtained under this agreement;
8. that the employer is responsible for misuse or wrongful disclosure of PHI by staff and such inappropriate dissemination of PHI may subject the employer to punishment such as fines and other penalties;
9. to notify Sutter Buttes Imaging upon termination of employment of authorized user;
10. that all activity on the SBI Image Archive is monitored.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Group/Facility Name

\_\_\_\_\_  
Phone

**PLEASE EMAIL COMPLETED FORM TO [PACSREQUESTS@SBMRI.NET](mailto:PACSREQUESTS@SBMRI.NET) OR FAX (530) 645-5355**

☐ Login issued \_\_\_\_\_ ☐ Notified \_\_\_\_\_

