



4705 S. Clyde Morris Blvd
 Port Orange, FL 32129
 Radiologist (386) 763-2615
 Fax (386) 763-2692
 Billing (563) 884-5208/5812

Imaging Consultation Services – please fill in top section & any highlighted fields

Patient Name: _____ Pt. DOB: _____ Sex: M F

Referring Doctor: _____ Referring Doc Email: _____ NPI: _____

Chief Complaint, Area of Concern: _____

Previous Diagnosis, Surgery, Trauma, Cancer: _____ Include Previous Imaging Reports

Date of Examination: _____ Verbal Report () _____ FAX Report () _____

Bill Doctor (CC on file) *Payment Enclosed (MC/Visa/Discover/Am Express/Check) **20% POS Discount**

Bill Doctor (No CC on file/Change CC on file)

Doctor Address: _____ City: _____ State: _____ Zip: _____

Card type: _____ Card #: _____ Expiration date _____ V-Code _____

If sending digitally: Cloud OneDrive

***Your credit card statement will show charges from Palmer College Clinic for this service.**

Patient Consent:

I understand that this office will have my radiographs interpreted by Matthew Richardson, D.C., DACBR, a radiologist certified by the American Chiropractic Board of Radiology. I am aware that I will be responsible for fees associated with this service.

Patient/Guardian Signature: _____ Date: _____

PALMER IMAGING CONSULTATION SERVICES											
√	CPT	DESCRIPTION	FEE	√	CPT	DESCRIPTION	FEE	√	CPT	DESCRIPTION	FEE
	72040-26	Cervical 2-3 v	\$25.00		71101-26	Ribs Unilateral 3 v	\$25.00		73630-26	Foot min 3v	\$25.00
	72050-26	Cervical 4-5 v	\$30.00		73030-26	Shoulder 2 v	\$25.00		71045-26	Chest 1v	\$25.00
	72052-26	Cervical 6 v	\$30.00		73080-26	Elbow min 3 v	\$25.00		71046-26	Chest 2v	\$25.00
	72070-26	Thoracic 2 v	\$25.00		73100-26	Wrist 2 v	\$25.00		72082-26	Spine, entire 2-3 view	\$70.00
	72080-26	Thoracic Lumbar	\$30.00		73120-26	Hand 2 v	\$25.00		72084-26	Spine, entire 6 view	\$80.00
	72100-26	Lumbar 2-3v	\$25.00		73502-26	Hip Unilateral 2-3 v	\$25.00		72148-26	MRI – Over read	\$70.00
	72110-26	Lumbar min 4 v	\$30.00		73560-26	Knee 1-2 v	\$25.00		72125-26	CT - Over read	\$70.00
	71100-26	Ribs Unilateral 2 v	\$25.00		73600-26	Ankle 2 v	\$25.00		79999	Film Digitization	\$10.00
Total Due: \$											

Diagnosis codes: 1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____

Referring Provider: _____ Date: _____ JRM 4/18