



1000 Brady Street
 Davenport, IA 52803
 Business (563) 884-5805
 Fax (563) 884-5581

Imaging Consultation Services – please complete all sections.

Patient Name: _____ DOB: _____ Sex: M F

Referring Doctor: _____ Referring Doctor's state _____

Referring Doctor's Email: _____ NPI: _____

Chief Complaint, Area of Concern, Diagnosis: _____

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

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

PAYMENT OPTIONS (Select One):

Bill Credit Card on file

* Call 563-884-5805 to register your office credit card information. Please do not fax this information.

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

Payment Enclosed (Check)

Bill Office (No credit card on file- payment due within 30 days)

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

If sending digitally: AMBRA Gateway AMBRA Link Share

Referring Provider/Staff Attestation:

By entering my name below, I attest that the patient has been informed their radiographs will be sent to Palmer Imaging Consultation Services for interpretation by chiropractic radiologists certified by the American Chiropractic Board of Radiology. Palmer Imaging Consultation Services will not bill the patient or their insurance for these services. Payment from the referring office or doctor is expected within 30 days via credit card on file or check.

Doctor or Staff Member: _____ Date: _____

PALMER IMAGING CONSULTATION SERVICES											
✓	CPT	DESCRIPTION	FEE	✓	CPT	DESCRIPTION	FEE	✓	CPT	DESCRIPTION	FEE
	72040-26	Cervical 2-3v	\$20.00		73030-26	Shoulder 2v	\$20.00		71045-26	Chest 1v	\$20.00
	72050-26	Cervical 4v	\$24.00		73080-26	Elbow 2-4v	\$20.00		71046-26	Chest 2v	\$20.00
	72052-26	Cervical 6v	\$24.00		73110-26	Wrist 3v	\$20.00		72084-26	Spine, entire 6 view	\$64.00
	72070-26	Thoracic 2v	\$20.00		73120-26	Hand 3v	\$20.00		76140	MRI Overread	\$56.00
	72100-26	Lumbar 2v	\$20.00		73502-26	Hip Univ 2v	\$20.00				
	72110-26	Lumbar 4-5v	\$24.00		73562-26	Knee 3v	\$20.00				
	71100-26	Ribs 2v	\$20.00		73610-26	Ankle 3v	\$20.00				
	71101-26	Ribs 3v (w/chest)	\$20.00		73630-26	Foot 3v	\$20.00				
											Total Due: \$

PICS office use only:

1. _____ 2. _____ 3. _____ 4. _____