



Vascular & Interventional Center

Assignment of Benefits / Financial Agreement and Consent for Diagnostic Procedure

I hereby give Medical Doctors Imaging, Inc. authorization for payment of insurance benefits to be made directly to Medical Doctors Imaging, Inc. and any assisting physicians or nurse practitioners for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. I hereby authorize Medical Doctors Imaging, Inc. to release / obtain all information necessary to secure payment of benefits. If my insurance policy prohibits direct payments to Medical Doctors Imaging, Inc., I will instruct my insurance company to make checks payable to me and to be mailed to me as follows: c/o Medical Doctors Imaging, Inc. I also give Medical Doctors Imaging, Inc. permission to make any necessary complaints to the insurance commissioner on my behalf for any reason. Payment is required at the time of service unless prior arrangements have been made.

I (we) hereby request and authorize Medical Doctors Imaging, Inc. to perform the diagnostic procedure(s) as ordered by the referring physician. It is understood that my physician had requested my examination. I consent to the procedure(s), although I may be pregnant.

I (we) hereby authorize Medical Doctors Imaging, Inc. to obtain medical information (reports, films, etc.) from any provider of medical services or insurance entity as required for my medical care.

PATIENT:

Signature: _____ Date: _____

PARENT/GUARDIAN:

Signature: _____ Date: _____

STAFF USE ONLY

The foregoing consent was read, discussed, and signed in my presence and in my opinion the person(s) signing did so freely and with full knowledge and understanding.

Signature: _____ Date: _____



Vascular & Interventional Center

CHECKLIST: REVIEW OF SYSTEMS

Please check if you are having any of the following:

Date: _____

NO PROBLEMS WITH THE BELOW SYSTEMS

GENERAL: WEIGHT LOSS / GAIN FEVER OR CHILLS FATIGUE WEAKNESS

SKIN: RASHES LUMPS

HEAD: HEADACHE

EYES: BLURRY OR DOUBLE VISION

THROAT: NON-HEALING SORES SORE THROAT

NECK: SWOLLEN GLANDS LUMPS PAIN STIFFNESS

RESPIRATORY: COUGH (DRY OR WET, PRODUCTIVE) SPUTUM (COLOR AND AMOUNT)
 SHORTNESS OF BREATH (DYSPNEA)

CARDIOVASCULAR: TIGHTNESS PALPITATIONS CHEST PAIN OR DISCOMFORT

GASTROINTESTINAL: SWALLOWING DIFFICULTIES HEARTBURN CHANGE IN APPETITE
 NAUSEA/VOMITING CONSTIPATION DIARRHEA

URINARY: FREQUENCY URGENCY BURNING PAIN

VASCULAR: CALF PAIN WITH WALKING (CLAUDICATION)

MUSCULOSKELETAL: MUSCLE OR JOINT PAIN STIFFNESS BACK PAIN

NEUROLOGIC: DIZZINESS

HEMATOLOGIC: EASE OF BRUISING EASE OF BLEEDING

PSYCHIATRIC: NERVOUSNESS DEPRESSION MEMORY LOSS STRESS

OTHER (PLEASE LIST):