National PET Scan
DADE, LLC
7867 North Kendall Drive – Suite 121
Miami, Florida 33156
Telephone: 305-455-3000

PLEASE READ AND SIGN

PLEASE INITIAL ALL SECTIONS THAT APPLY TO YOU AS AN INDICATION THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION AND THAT YOU AGREE TO COMPLY WITH THE STATED AUTHORIZATIONS. IF YOU HAVE ANY QUESTIONS, ONE OF OUR STAFF WILL BE HAPPY TO ASSIST YOU.

_____**ASSIGNMENT OF BENEFITS**: I hereby authorize payment directly to National P.E.T. Scan Management, LLC of any and all medical benefits applicable and otherwise payable to me. I understand that I am financially responsible to National P.E.T. Scan Management, LLC for charges not covered by this assignment.

_____**RELEASE OF INFORMATION**: I hereby authorize National P.E.T. Scan Management, LLC to furnish my insurance company or companies, or their representatives with any and all information that may be contained in my medical records that relate to procedures performed at any National P.E.T. Scan Management, LLC, imaging center.

_____**LIFETIME MEDICARE B SIGNATURE AUTHORIZATION**: I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, or the billing agent of National P.E.T. Scan Management, LLC, any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical benefits be made to the holder of this assignment on my behalf. Understand that I am responsible for any health deductibles and coinsurance.

_____**MEDIGAP**: I request that payment of authorized Medigap benefits be made on my behalf to National P.E.T. Scan Management, LLC for any services furnished me by one of their imaging centers. I authorize any holder of medical information about me to release to National P.E.T. Scan Management, LLC, any information needed to determine these benefits or benefits payable for related services. I understand that I do not need to provide my supplemental insurer with information concerning this Medicare claim, because my signing this authorization will cause Medicare payment to cross over automatically.

Name of Insured _____ Medigap Policy _____

Policy Number _____

_____**IF PATIENT IS UNDER 18**: I hereby give my permission for _____to receive services rendered at this National P.E.T. Scan Management, LLC Center.

_____ _____

Signature Patient / Parent Date Witness Date

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INFORMED CONSENT

1 I request and authorize the performance of Positron Emission Tomography (PET) for myself as ordered by my referring physician.

2 I understand that this test requires the placement of a small catheter or tube in a vein to allow injection of the radioactive tracer.

3 I understand that the risk of a serious or life-threatening complication is very low (less than 1 in 10,000) but there is the small possibility of bleeding, infection, or blood clot associated with placement of the venous catheter.

4 I understand that I will receive a small amount of a radioactive tracer and that this dose of radiation has no known or anticipated adverse effects.

5 I understand that I will be required to remain still on the scanner table for approximately 45 minutes and will inform the staff if I have any problems during or am unable to continue the procedure.

6 I acknowledge that no statement or guarantee has been made regarding the anticipated results of this procedure.

7 Images or clinical data from this procedure may be used for scientific or educational purposes in accordance with customary medical practice.

8 I authorize transmission of my images and reports via e-mail, other electronic means or other means to my referring physician and other physicians involved in my care.

9 I have had the opportunity to have any questions or concerns explained and addressed, and have no unanswered questions or concerns at this time.

_____ _____
Signature of Patient or Authorized Representative Date

_____ _____
Nuclear Medicine Technician or Physician Date