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 NPI # 1790765642 • Tax ID # 23-2128726
Hours of Operation (By Appt. Only)
 24 hours a day / 7 days a week



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 Terry N. York, D.O.

CT REQUEST FORM
Please note we are located in Memorial Hospital

Name _____ Date of Birth _____ M F

Address _____ City / State _____ Zip _____

Phone Number (_____) _____ Social Security No. _____ - _____ - _____

Name of Insured _____ Insured Date of Birth _____

Address _____ City / State _____ Zip _____

Phone Number (_____) _____ Social Security No. _____ - _____ - _____

Primary Insurance _____ Policy No. _____

Secondary Insurance _____ Policy No. _____

Pre-Authorization # _____ **Date of Testing** _____

Physician's Signature _____ **Copy to** _____

ICD-9 CODES (REQUIRED) 1) _____ 2) _____ 3) _____ 4) _____

Diagnosis _____

Is this Auto or Work related? Yes No **Date of Accident** _____

Abdomen Unenhanced (74150)
Abdomen Enhanced (74160)
Abdomen Un/Enh (74170)
Abdomen/Pelvis Unenhanced (74176)
Abdomen/Pelvis Enhanced (74177)
Abdomen/Pelvis Un/Enh (74178)
Cervical Spine Unenhanced (72125) w/3D reconstruction (76376)
Cervical Spine Enhanced (72126) w/3D reconstruction (76376)
Cervical Spine Un/Enh (72127) w/3D reconstruction (76376)
Denta Scan (70486) B/L, Mandible or Maxillary
Facial Area Unenhanced (70486)
Facial Area Enhanced (70487)
Facial Area Un/Enh (70488)
Guided Abscess Drainage (75989)
Guided Needle Biopsy (77012)
Guided Cyst Aspiration (77012)
Head Unenhanced (70450)
Head Enhanced (70460)
Head Un/Enh (70470)
Lower Extremity Unenhanced (73700) w/3D reconstruction (76376)
Lower Extremity Enhanced (73701) w/3D reconstruction (76376)
Lower Extremity Un/Enh (73702) w/3D reconstruction (76376)
Lumbar Spine Unenhanced (72131) w/3D reconstruction (76376)

Lumbar Spine Enhanced (72132) w/3D reconstruction (76376)
Lumbar Spine Un/Enh (72133) w/3D reconstruction (76376)
Misc. (Computed Tomography Procedure) (76497) Please specify:
Neck Soft Tissue Unenhanced (70490)
Neck Soft Tissue Enhanced (70491)
Neck Soft Tissue Un/Enh (70492)
Orbit/Sella/IAC Unenhanced (70480) w/3D reconstruction (76376)
Orbit/Sella/IAC Enhanced (70481) w/3D reconstruction (76376)
Orbit/Sella/IAC Un/Enh (70482) w/3D reconstruction (76376)
Otis Med Knee (73701) RT/LT or B/L
Pelvimetry (72192)
Pelvis Unenhanced (72192)
Pelvis Enhanced (72193)
Pelvis Un/Enh (72194)
Sm Bowel (74160 & 72193) Enterography
Thoracic Spine Unenhanced (72128) w/3D reconstruction (76376)
Thoracic Spine Enhanced (72129) w/3D reconstruction (76376)
Thoracic Spine Un/Enh (72130) w/3D reconstruction (76376)
Thorax Unenhanced (71250)
Thorax Enhanced (71260)
Thorax Un/Enh (71270)
Thorax High Resolution (71250)
Upper Extremity Unenhanced (73200) w/3D reconstruction (76376)

Upper Extremity Enhanced (73201) w/3D reconstruction (76376)
Upper Extremity Un/Enh (73202) w/3D reconstruction (76376)
CTA WITH IV CONTRAST ONLY
CTA Abdomen (74175)
CTA Abd Aorta w/run-off (75635)
CTA Carotid (70498)
CTA Great Vessel / Subclavian Arteries (70498&71275)
CTA Head (70496)
CTA Lower Extremity (73706) Please specify:
CTA Mesenteric Arteries (74175&72191)
CTA Pelvis (72191)
CTA Renal (74175)
CTA Thoracic Aorta (71275)
CTA Thorax/PE (71275)
CTA Upper Extremity (73206) Please specify:
THE FOLLOWING SCREENING PROCEDURES ARE NOT COVERED BY INSURANCE
*Virtual CT Colonography Screening (74263)
*Virtual CT Colonography Diagnostic (74261)

Receive test results through standard reporting system Call report - Patient may leave Call report - Patient to wait

Comments _____

**** Patients over 65 having a contrast study done must have a Bun / Crea. completed prior to CT scanning. Patients having a biopsy procedure scheduled will need the following blood work: (PT, PTT, Platelet and INR) completed prior to CT scanning. The weight limit for the CT scanner is 400 pounds. Please be aware that we do not participate with all insurance companies. If any questions please call our billing office at (717) 843-0736.**