

Please return the completed order form to Tellica Imaging's fax number: 208-417-5105

CHECK ONE

- Routine (Results within 1 day of exam completion)
- Urgent (Results within 2 hours of exam completion)

• Accepted insurances: SelectHealth, Medicare, Medicaid, Blue Cross of Idaho, TRICARE, DMBA (No prior authorization required for in-network insurances*)

• Flat rate pricing: \$350 for CT scans, \$550 for MRI

*All Blue Cross of Idaho patient orders are required to be entered into BCI portal for automatic authorization to Tellica.

PATIENT INFORMATION (all fields are required)

Patient Name:		Sex:	DOB:	Phone Number:
Address:	City:	State:	Zip:	

INSURANCE INFORMATION (please complete as much as possible)

Insurance Plan:	Policy#:	Group#:
Insured's First Name:	Insured's Middle Initial:	Insured's Last Name:
Patient's Relationship to Insured:	Insured's DOB:	Insured's Sex:

PROVIDER INFORMATION (all fields required)

Provider Name, Credentials:		
NPI#:	Phone Number:	Practice Name:
Provider Address:		

EXAM INFORMATION

Select Preferred Tellica Location: Boise	CT Head/Brain Face Sinus Neck-Soft Tissue Chest Abdomen Pelvis C-Spine T-Spine L-Spine Upper Extremity: Left Right Lower Extremity: Left Right Other: _____	MRI Brain MRA Brain MRA Neck Abdomen Pelvis Chest C-Spine T-Spine L-Spine Shoulder: Left Right Knee: Left Right Hip: Left Right Other: _____			
			Clinical Indications or Patient Signs/Symptoms: <i>(required)</i>	Contrast: With Without With and Without	Contrast: With Without With and Without
			Exam Special Instructions:	Contrast Method: Oral IV	Contrast Method: IV
			Results Delivery Method: Fax FAX Number: Secure Email Email Address:		

PROVIDER SIGNATURE (all fields required)

	Today's Date (MM/DD/YYYY):
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