

Please return the completed order form to Tellica Imaging's fax number: 385-297-2700

CHECK ONE

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

- Accepted insurances: SelectHealth, UnitedHealthcare, Medicare, Medicaid, TRICARE, EMI Health, DMBA, Samera Health, & BYU Athletics (No prior authorization required for in-network insurances)
- Flat rate pricing: \$350 for CT scans, \$550 for MRI

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: Bountiful Orem Draper Salt Lake City Ogden West Valley | CT | MRI |
| | 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: _____ Contrast: With Without With and Without Contrast Method: Oral IV | Brain MRA Brain MRA Neck Abdomen Pelvis Chest C-Spine T-Spine L-Spine Shoulder: Left Right Knee: Left Right Hip: Left Right Other: _____ Contrast: With Without With and Without Contrast Method: IV |
| Clinical Indications or Patient Signs/Symptoms: <i>(required)</i> | | |
| Exam Special Instructions: | | |
| Results Delivery Method: Fax FAX Number: Secure Email Email Address: | | |

PROVIDER SIGNATURE (all fields required)

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