

# MRI Preparation and Patient Financial Responsibility



Patient Name:

## Preparation

It is essential to assess any implants and other devices you might have to ensure a safe and effective MRI.

1. Do you have implants of any kind?  Yes  No

If Yes, please describe:

2. Did you receive a card from your surgeon regarding implants (e.g. stints, aneurysm clip, cochlear implant, mechanical heart valve, etc.)?  Yes  No

**Note: all hearing aids and any battery-operated device must be removed prior to an MRI procedure.**

## Patient Financial Responsibility

**Please be prepared to pay any co-pay, co-insurance, or insurance deductible at the time of your MRI appointment.** It will be collected at the front desk when you check in.

The amount owed to us by you is determined after your MRI is authorized by your insurance company. The amount owed by you at the time of check-in will be given to you by our MRI scheduler when she calls to set up a time for your MRI appointment. OrthoWashington will bill your insurance company for any remaining amount due for your MRI.

I have truthfully and thoroughly answered the above questions about all my implants and other devices that could affect my MRI. I also accept my MRI patient financial responsibility and acknowledge receipt of a copy of this completed form.

Patient Signature:

Date: