



### BREAST QUESTIONNAIRE

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Age of First Menstrual Period: \_\_\_\_\_

Menopause Age: \_\_\_\_\_

NEW lumps in breast?      NO      YES      RIGHT      LEFT

NEW pain or discomfort?      NO      YES      RIGHT      LEFT

NEW discharge from nipple?      NO      YES      RIGHT      LEFT

Do you have breast implants?      NO      YES

Previous breast surgeries?      NO      YES      RIGHT      LEFT

If yes, date: \_\_\_\_\_

Results: \_\_\_\_\_

Are you taking Estrogen?      NO      YES

Family history of breast cancer?      NO      YES

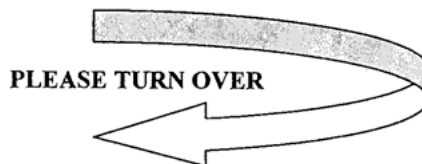
If yes, relationships? \_\_\_\_\_

Personal history of cancer?      NO      YES

If yes, what type? \_\_\_\_\_

Have you had a mammogram before?      NO      YES

If yes, what facility? \_\_\_\_\_ Date: \_\_\_\_\_



**INSURANCE AUTHORIZATION**

I authorize the release of any medical information necessary to process my medical claims and request payment of benefits be made to Doctors Imaging Group.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**DIGITAL SCREENING MAMMOGRAMS**

I understand that if additional views and/or tests (for example, a breast ultrasound) are required for complete diagnosis; the Digital Screening Mammogram becomes a DIAGNOSTIC mammogram instead of a SCREENING mammogram, which will be reflected in the charge.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**MEDICARE LIMITATION OF LIABILITY**

Medicare will only pay for services it determines to be “reasonable and necessary” under Section 1862 (A)(1) of the Medicare law. If Medicare determines that a particular service is not “reasonable and necessary” under Medicare program standards, Medicare may deny payment for the following reason:

*Under Medicare rules, screening mammograms are allowed and payable once every 12 months for women age 40 and over. For women under age 40, Medicare allows one screening mammogram every 24 months.*

<b>PROCEDURE CODE</b>	<b>CHARGE</b>	<b>POSSIBLE REASON FOR DENIAL</b>
G0202 (Screening)	\$200.00	See above
77052 (CAD)	\$39.00	

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date