

YOUR APPOINTMENT

Patient: _____
Test: _____
Date of Test: _____

ALL TESTS PERFORMED AT THE CARDIOVASCULAR IMAGING @ 95 LOCATED IN SUITE B-07 ARE CONSIDERED OUT-PATIENT PROCEDURES IN A HOSPITAL SETTING. AS SUCH, THEY MAY HAVE DIFFERENT REQUIREMENTS FOR DEDUCTIBLES AND/OR COPAYS THAN YOUR DOCTOR VISIT.

PLEASE CHECK WITH YOUR INSURANCE COMPANY TO VERIFY COVERAGE AND OUT-PATIENT POLICIES.

THERE WILL BE TWO COMPONENTS TO YOUR BILL:

- THE PROFESSIONAL FEE FOR THE SUPERVISION AND INTERPRETATION OF ALL CARDIAC TESTS WILL BE BILLED THROUGH PRACTICE ASSOCIATES MEDICAL GROUP.
- THE TECHNICAL COMPONENT, USE OF THE STAFF AND EQUIPMENT FOR ALL PROCEDURES, WILL BE BILLED THROUGH MORRISTOWN MEDICAL CENTER.