ADVANCED
IMAGING OF LAFAYETTE

PATIENT CONSENT & ACKNOWLEDGMENT FORM FOR BREAST MRI
Appendix A

I have consented to a Breast MRI study. I acknowledge that I have been advised of and that I understand the following:

- The timing of a Breast MRI study should be closely linked to the menstrual cycle for women who are premenopausal.
- For women who are postmenopausal, the examination can be performed at any time.
- The best time to perform a Breast MRI is between days 1 and 10 of your menstrual cycle (day one is the day that your period arrives). If the Breast MRI study is outside this timeframe, it is likely that the MRI evaluation will be difficult to interpret and/or nondiagnostic.
- For those who are perimenopausal, it is optimal to wait for the next cycle to start, and schedule between days 5 and 10.
- If the menses occur only rarely, then the examination can be scheduled at any time with the understanding that residual hormonal activity can render the examination difficult to interpret and/or non diagnostic.
- In some instances, an insurance company may deny payment for a Breast MRI if it is determined that the procedure was done outside this timeframe. Payment can be denied even if it has been pre authorized or pre-approved by my insurance company. I understand that I am responsible for the payment of any patient liability including, but not limited to, deductibles, coinsurance or non-covered charges.

I acknowledge that I have also been advised and I understand the following:

- There are instances in which my insurance company may deny payment for a Breast MRI study if the insurance company determines that certain factors were/are not present for the procedure to be medically necessary. These factors may include but are not limited to family history, age and medical history.
- Payment can be denied even if it has been pre-authorized or pre-approved by my insurance company. I understand that I am responsible for the payment of any patient liability including, but not limited to, deductibles, coinsurance or non-covered charges.

My signature below indicates that I wish to proceed with a MRI study.

Signature of Patient or Patient's Legal Representative	Date
Print Name of Legal Representative (if applicable)	Relation to Patient