

ALBANY ADVANCED IMAGING, PLLC  
3 ATRIUM DRIVE  
ALBANY, NEW YORK 12205

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip Code

DOB: \_\_\_/\_\_\_/\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Consent to Proceed with Coronary Artery Calcium Scoring Procedure**

**NOTE:** You need to make a choice about receiving this healthcare service.

We fully expect your insurance provider will not pay for the procedure described below due to:

- A) There is currently no specific procedure code for this procedure, and it is generally considered "investigational" by most insurance companies. As such, it is classified as a "non-covered procedure".
- B) If your insurer requires preauthorization prior to any CT study, it is likely that no authorization has been or will be given for this procedure due to the lack of a procedure code.

Procedure: CT Coronary Artery Calcium Scoring  
Cost: \$50.00

have been fully informed as to the nature of Coronary Artery Calcium Scoring and it is my decision to be **fully responsible for the charges** and to proceed with the study. \_\_\_\_\_  
(Initial here)

**Receipt of Notice of Privacy Practices**

\*\*\*POSTED ON WALL\*\*\*

have been informed of the Notice of Privacy Practices from Albany Advanced Imaging, P.L.L.C. concerning how the use of disclosure of Protected Health Information will be handled by the practice. This notice is posted in the office reception area. I understand I can also receive a copy of this notice.

(Initial here) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Your relationship to the patient (if applicable) \_\_\_\_\_

Witness: \_\_\_\_\_

## Ca+ Score Questionnaire

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

1) Family history of heart disease?      • Yes      • No

- If yes, circle all that apply

- Mother
- Father
- Sibling

2) Have you been diagnosed with any heart problems?      • Yes      • No

-If yes, explain

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3) High Blood Pressure?      • Yes      • No

- If yes, are you taking medication for it?

- Yes
- No

4) High Cholesterol?      • Yes      • No

- If yes, are you taking medication for it?

- Yes
- No

5) Smoker?      • Yes      • No

6) Are you a diabetic?      • Yes      • No

7) Do you currently have any chest complaints?      • Yes      • No

- If yes, explain

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\*\*Circle all that apply