



## Screening vs. Diagnostic Exams

A **Screening Mammogram** usually includes four standard images (2 on each side) and is usually covered by insurance. At times, extra views may be done as part of a screening to ensure optimal imaging. *A screening mammogram can only be performed if there are NO unexplained symptoms or concerns.*

To eliminate the need for you to return to our office for a second visit, typically Dr. Amodei will review your screening mammogram before you leave. If the images demonstrate an abnormality, we will complete the “call back” portion of your exam while you are here. Additional imaging may include additional mammographic views and/or ultrasound imaging; additional imaging is considered a Diagnostic Exam, (in addition to your screening).

**Diagnostic Exams** are for patients who have symptom(s) or a possible finding on their mammogram. Diagnostic exams are usually covered services by insurance, but deductibles, co-pays, and co-insurance often apply. **Thus, patients may incur out of pocket expenses for the diagnostic portion of the imaging.**

\*\*On rare occasions, when Dr. Amodei is out of the office for a meeting, we offer more conventional style screening mammogram appointments where the patient leaves our center before the images are reviewed. Dr. Amodei will review those mammograms when she returns and we will promptly call you with your results. If you choose one of these appointments, there is ~12% chance that you will have to come back for additional imaging.\*\*

\*If you are younger than 40, your insurance company may not cover annual screenings and there are insurers that do not cover screenings annually for women between 40 and 50.

\*You should always check coverage with your insurance company prior to diagnostic imaging.

\*Extra imaging performed on the same day instead of coming in for a second exam does not affect insurance’s determination on what services they will cover.

By signing below, I acknowledge that I have read this document. I understand that I am fully responsible for the balance due for services performed at Bay Radiology.

Pt signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**Lines below are for use at additional (future) visits**-----

I confirm that I have reviewed the above information today:

Pt signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pt signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pt signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pt signature: \_\_\_\_\_ Date: \_\_\_\_\_