

Susan L. Vlasuk, DC, DACBR, PS

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Diplomate, American Chiropractic Board of Radiology

3079 156th Ave SE Bellevue, WA 98007 Telephone (425) 451-1199 Fax (425) 454-3953
email: slvlasuk@gmail.com Seminars, tips, and info listed at www.drvoxray.com

PROCEDURE FOR SECOND-OPINION IMAGING CONSULTATION: IMAGES ON FILM

1. Most doctors send their films via mail. You may also send films via UPS, or drop them off at our office. Your films and the completed report will be returned to you via mail. If you drop the x-rays off, include a mailing envelope if you'd prefer not to make a second trip to pick them up.
2. We will fax or e-mail the report to you immediately upon completion (make sure your fax number or e-mail is included on the request form). Since x-ray consultations are scheduled around our in-lab patient schedule, you may call if you send films which require urgent attention; otherwise, the films and report will be returned to you within approximately one week.
3. Enclosed (or on reverse) is a "*Radiologic Consultation Request*" form. **AFFIX YOUR BUSINESS CARD TO THIS COPY AND USE IT AS A MASTER AND RUN PHOTOCOPIES TO FILL OUT FOR EACH CONSULTATION THAT YOU REQUEST.** Feel free to fill it out quickly by hand in order to save your time (as long as I can read it!). There is also a form that can be filled out and printed from our website www.drvoxray.com. Be sure to note your specific questions or areas of interest in the indicated space. **Include date of injury, if applicable. There is no need to write a great deal of physical exam data.**
4. Indicate if you want a template study (acetate overlay study of intersegmental motion) done on bending views of the cervical spine (*if* good quality and carefully-positioned films). If a template study is performed, an additional charge of \$48.00 will be made. (L&I will not routinely pay for a template study, but may in an exceptional case if documented by report.)
Perform the neutral and bending views at the same time and at the same tube-to-film distance. Do not mix standing, sitting, and recumbent projections for the purposes of templating. Ensure that all motions are "pure"; i.e., for flexion and extension, allow no rotation or lateral bending. IF GOOD FILM QUALITY AND EXCELLENT PATIENT POSITIONING ARE NOT EVIDENT, A TEMPLATE STUDY CANNOT BE DONE.
5. If you want a report on serial studies (pre and post, or re-exam comparisons), send both (all) sets of films, even if I have previously reported on the original set.

PAYMENT

In sending films for consultation, you agree to be responsible for payment and to seek reimbursement from your patient; *however*, we will look first to L&I or PIP benefits, if available.

Only *open and active* PIP or L&I insurance claims are billed from this office. **ALL NECESSARY BILLING DATA FOR THESE CLAIMS MUST BE SENT WITH THE X-RAYS.**

PAYMENT: ACTIVE PIP CLAIMS

The following information is required: date of injury, insurance company name and all contact information, and the patient's PIP claim number. It is best if the consultation is requested relatively close to the date of the x-rays. Also include a statement of medical necessity for the consultation. We do not accept third-party claims or liens.

PAYMENT: Washington state L&I

The following information is required: date of injury and claim number. **Also include any relevant self-insurer information.** *Note that the Department checks to see that the x-rays relate to the accepted diagnosis for the claim, and that the claim is currently open, before they will pay for radiologic consultation. You do not need pre-approval for x-ray consultation, but there must be a specific reason indicated why the radiologic consultation is justified. L&I will not pay for routine x-ray consultation on all films (unless you want to bill only for the technical component).*

For all other x-ray reports (except for active L&I cases and active PIP claims) the referring doctor is billed for the report. In sending the films for consultation, you agree to pay for the report and to seek reimbursement from your patient.

1. There is no need to submit payment with the x-rays. A bill is sent to you with the report. ***THIS AMOUNT IS DUE IMMEDIATELY UPON RECEIPT OF YOUR REPORT.*** You may then look to your patient for reimbursement.
2. There is no provision for carrying accounts, nor do we bill any other agencies, such as insurance companies, from this office. X-ray reports involve relatively small fees for which collection efforts are not economically feasible, particularly when there is usually insufficient data for us to follow up on these accounts.

*** THIS IS YOUR ORIGINAL ***

**1. GLUE YOUR BUSINESS CARD
HERE**

2. RUN COPIES TO WRITE ON

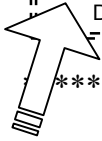
Don't send original business cards, please.

TODAY'S DATE: _____

WE WILL FAX OR E-MAIL YOUR REPORT TO YOU

FAX NUMBER: _____

E-MAIL: _____



RADIOLOGIC CONSULTATION REQUEST

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INCLUDE L&I OR PIP BILLING INFORMATION BELOW OR ON REVERSE

Patient _____ Age _____ Sex _____ Occup _____

Study/views submitted _____ Study date _____

(date of study and views on which you want a report)

Cervical template: wanted not wanted (include neut, flex, and ext views)

Complaint(s)

Pain _____

(character and amount; what region?)

Other significant symptom? _____

Duration of symptom(s) _____ Onset: sudden gradual

History

Any trauma? DOI? _____

Any surgery (anywhere in FOV, not just spine)? _____

Anything else **particularly noteworthy** in the history or physical exam that might be **applicable** to the radiologic interpretation?

- known pathology or systemic disease?
- neurological signs?
- visible deformity?
- is patient taking any medications?
- any relevant lab findings?

PARTICULAR QUESTION(S) ON THESE FILMS: