



PLEASE READ THIS IMPORTANT NOTICE REGARDING YOUR PROCEDURE

Screening Mammography vs. Diagnostic Mammography

Screening Mammography: A screening mammography is a procedure which screens for malignancy in the absence of symptoms. The screening mammography is usually considered a preventive service and may be covered by your health plan.

Diagnostic Mammography: If you have signs and symptoms or you need additional imaging from a Screening Mammogram exam, you will need a **Diagnostic Mammogram**. Per American Medical Association (AMA) Guidelines, a Diagnostic Mammogram is billed using a specific procedure code that is different from a Screening Mammogram procedure code. A Diagnostic Mammogram may be considered under your medical benefits as **non-preventative and may not be covered under a well women benefit**. Your health plan may apply the charges for a Diagnostic Mammogram towards your deductible, copay or coinsurance based on your benefits. You will be responsible to pay any patient balance owed. Please be advised that we will bill your insurance company based on the facts of your case. We will not change our billing based on coverage.

3D Tomo Mammography: Per AMA Guidelines, the 3D tomo portion of a Mammogram is a separate charge from the standard 2D Mammography charge and is billed using a specific procedure code that may or may not be a covered benefit by your health plan. As a patient, you will be responsible for any nonpayment balance.

Screening Breast Ultrasound: Please be aware, if your doctor has ordered a Screening Mammogram with Breast Ultrasound, the Breast Ultrasound may be considered a non-covered exam by your health plan. As the patient, you will be responsible for the bill. Due to various plans and policies offered in our area, it is not possible for SDI to quote your health plan benefit coverage. Please contact your health plan by calling the phone on your insurance card to receive benefit information for our services.

Notice to Patients with Breast Implants: Please understand that there are associated risks (implant rupture) with this imaging and you freely assume those risks.

Patient Signature: _____ **Date:** _____