

WEINSTEIN IMAGING ASSOCIATES

5140 Liberty Avenue
Pittsburgh, PA 15224

1910 Cochran Road
Pittsburgh, PA 15220

5500 Corporate Drive
Pittsburgh, PA 15237

PATIENT NAME: _____

DOB: ____/____/____

TODAY'S DATE: ____/____/____

DXA/BONE DENSITOMETRY BILLING INFORMATION:

Please note, in certain instances, DXA/Bone Densitometry/Bone Mineral Density exam may not be covered by your insurance plan. These include, *but are not limited to*, the following situations/conditions and/or diagnosis;

- ✓ *Screening* for osteoporosis/*Rule-out* osteoporosis (as written on script)
- ✓ Loss of height
- ✓ Prior bone densitometry exam less than two years ago
- ✓ Patients under the age of 65
- ✓ Male patients

Your insurance carrier will be billed accordingly and may include, *but are not limited to*, any of the charges listed below. You will be responsible for any denial, copay, coinsurance and/or deductible applied to these services/billable to the patient:

- | | | |
|-------------------------------|-------------|----------|
| • DXA (Spine/Hip/IVA) | 77085 | \$400.00 |
| • DXA (Spine/Hip/NO IVA) | 77080 | \$240.00 |
| • DXA (Spine/Hip/Wrist/IVA) | 77081/77085 | \$520.00 |
| • DXA (Spine/Hip/Wrist/NOIVA) | 77080/77081 | \$360.00 |
| • DXA (Wrist) | 77081 | \$120.00 |

Please sign below indicating you have read and understood the above information. If our prices change or this is modified in the future, you will be asked to sign a new sheet. Otherwise, your signature below means you have read and understood our policies as stated regarding the DXA/Bone Densitometry imaging studies you are having today and in the future. This signed notification will become a part of your permanent record at Weinstein Imaging Associates.

(Patient Signature)

Rev: 10/02/2024