



University of Kansas Medical Center

AUTHORIZATION FOR POSITRON EMISSION TOMOGRAPHY (PET) SCAN

Dear Patient:

In our opinion and the opinion of your physician, Positron Emission Tomography (PET) is a very useful diagnostic procedure. However, currently this procedure may or may not be covered by your insurance. Historically, many third party insurance carriers are covering for this new advanced imaging technology; however, there is no guarantee that your particular insurance company will. Therefore, in order to perform your PET scan today as ordered by your physician, in the time frame requested, we need your understanding that if your insurance denies coverage, you will be responsible for payment.

Patient Agreement:

I have been notified by the University of Kansas Medical Center that my insurance may deny payment for the service identified above, for the reason stated. I agree to be personally responsible for payment.

PATIENT NAME

PATIENT ACCT. NUMBER

PATIENT SIGNATURE (or Guardian if minor)

MEDICAL RECORD NUMBER

DATE



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Dear Patient:

Medicare will only pay for services that it determines to be “reasonable and necessary” under section 1862 (a) (1) of the Medicare law. Although Positron Emission Tomography (PET) is very useful as a diagnostic test in our opinion and the opinion of your physician, Medicare currently considers this procedure (CPT codes 78608, 78609, 78999, 78499) to be “investigational” and will deny payment for this procedure.

Patient Agreement:

I have been notified by the University of Kansas Medical Center that Medicare will deny payment for the service identified above, for the reason stated. I agree to be personally responsible for payment.

PATIENT NAME

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Dear Patient:

In our opinion and the opinion of your physician, Positron Emission Tomography (PET) is a very useful diagnostic procedure. However, currently Medicaid does not cover this procedure. Historically, many third party insurance carriers are covering for this new advanced imaging technology; however, Medicaid does not recognize PET to be a “useful diagnostic procedure.” Therefore, in order to perform your PET scan today as ordered by your physician, in the time frame requested, we need your understanding that you will be responsible for payment.

Patient Agreement:

I have been notified by the University of Kansas Medical Center that Medicaid does not cover the service identified above, for the reason stated. I agree to be personally responsible for payment.

PATIENT NAME

PATIENT ACCT. NUMBER

PATIENT SIGNATURE (or Guardian if minor)

MEDICAL RECORD NUMBER

DATE