

Request of Medical Necessity / Payment for Second Opinion Interpretation of Diagnostic Imaging

Re: Patient: _____ DOB: _____ Policy# _____
 Policy Holder: _____ Claim#/Date of Injury _____

To Whom It May Concern:

The above referenced patient has sought chiropractic care in my clinic. Upon historical review and physical examination, I determined radiographs (see indicated body region below) were necessary for further diagnosis and implementation of a chiropractic treatment plan. Upon interpretation of the patient's radiographic examination or other previous diagnostic imaging, I discovered that a second opinion radiographic/imaging interpretation by a specialist radiologist would be necessary based on the below indicated radiographic and/or clinical findings. I have sent the referenced patient's imaging study or studies to **Dr. Brooke L. Gajeski, DC, DACBR of SAFEGUARD Radiology Interpretation Services** for a second opinion interpretation service, and this service will be billed to your organization or company by ***SAFEGUARD Radiology Interpretation Services*** as a separate service from the initial radiographic or other imaging service billed by my office.

X-rays Submitted to Radiologist for Second Opinion Interpretation:

Spinal:(circle) Cervical Thoracic Lumbar Thoracolumbar Sacral/Pelvic

Upper Extremity:(circle) Shoulder Elbow Wrist Hand Other

Lower Extremity:(circle) Hip Knee Leg Ankle Foot

Other Region(s): _____ Date of X-rays: _____

Indication(s) for Request for Second Opinion Diagnostic Imaging Interpretation

Unidentified bone or soft tissue finding(s), mass, or lesion- "questionable pathology"
 Odd-looking or anomalous anatomy
 Questionable fracture
 Gross or questionable abnormal intersegmental spinal alignment
 Questionable spinal instability

Question of possible contraindication to the spinal or extremity chiropractic adjustment
 Delayed or poor response to treatment
 Constitutional or significant symptoms with/without significant imaging findings
 Patient has a previously diagnosed bone or joint disorder
 Other: _____

Thank-you for your consideration in reimbursement of the requested second opinion interpretation(s) noted above for this patient directly to ***SAFEGUARD Radiology Interpretation Services***.

Sincerely, Doctor's Name (print) _____ Signature _____ Date _____