



Second Opinion Request

Mayo Clinic Imaging Solutions

Mayo Clinic Imaging Solutions
 200 First Street SW
 Mayo Building, East 2 - Radiology HIMS
 Rochester, MN 55905
 1-800-699-6296

Instructions:

1. Complete one form for each patient. Complete all data fields. Information indicated with asterisk is required for processing.
2. Exams will not be processed without a physician signature and an administrative authorization for payment on this form.
3. Enclose this form with the CD or films with a copy of the report and mail in a rigid mailer to **Mayo Clinic Imaging Solutions**.

Referring Physician/Client Information

| | | | |
|--|-----------------------------|--------------------------|----------|
| Facility/Hospital Name | | E-mail | |
| Street Address | | | |
| City | | State | ZIP Code |
| Phone | | Fax | |
| Physician Requesting Consultation | Physician Printed Name | Physician Signature | |
| Administrative Authorization for Payment | Administrative Printed Name | Administrative Signature | |
| <i>This request for service is subject to the terms and conditions on page two of this form.</i> | | | |

Order Information *(Note: information indicated with asterisk is required for entry by MCIS)*

| | | | |
|--|-------------------------------------|---|------------------------|
| *Patient Name <i>(First, Middle, Last)</i> | | *Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| *Order Date <i>(Month DD, YYYY)</i> | *Birth Date <i>(Month DD, YYYY)</i> | *Age | Social Security Number |

Examination Information

| | | | |
|---|---|---------------------------------------|--|
| *Modality (check one) | | *Anatomic Area (check one) | |
| <input type="checkbox"/> Angiogram | <input type="checkbox"/> Abdomen (GI) | <input type="checkbox"/> Joint, Left | |
| <input type="checkbox"/> Computed Tomography | <input type="checkbox"/> Abdomen (GU) | <input type="checkbox"/> Joint, Right | |
| <input type="checkbox"/> Magnetic Resonance Imaging | <input type="checkbox"/> Chest | <input type="checkbox"/> Neck | |
| <input type="checkbox"/> Myelogram | <input type="checkbox"/> Extremity, Left | <input type="checkbox"/> Spine | |
| <input type="checkbox"/> Nuclear Medicine (non-cardiac) | <input type="checkbox"/> Extremity, Right | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Plain Film | <input type="checkbox"/> Head | | |
| <input type="checkbox"/> Ultrasound (non-OB) | | | |
| <input type="checkbox"/> Other _____ | | | |
| *Contrast Administered <input type="checkbox"/> Yes <input type="checkbox"/> No | *Exam Date <i>(Month DD, YYYY)</i> | *Number of CD/Films Sent | |
| *Indications/History | | | |
| *Clinical question to be answered | | | |
| *Are there any pertinent correlative imaging studies? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, indicate | | |

To Be Completed by Mayo Clinic Imaging Solutions

| | | |
|--------------------------------|----------------------------------|---|
| Patient Identification | | |
| Staff Radiologist/Pager Number | Area Code | Date Interpreted <i>(Month DD, YYYY)</i> |
| CPT Codes | Films Returned Quantity (if any) | Date Films Returned <i>(Month DD, YYYY)</i> |

Terms and Conditions

In addition to the terms of any other agreement between Mayo Clinic Imaging Solutions (MCIS) and the requesting physician and the requesting facility/hospital entity (the requesting physician and the requesting facility/hospital entity are collectively referred to as the "Client"), MCIS and Client agree to the following terms and conditions:

1. MCIS Responsibilities:

- 1.1. **Secondary Interpretation:** MCIS shall provide services of physicians licensed in Minnesota who are qualified through training and certification to provide secondary interpretations of diagnostic images. All MCIS physician services are provided in Minnesota.
- 1.2. **Schedule:** MCIS shall endeavor to perform the requested services by the end of the second business day following the day the image is received by MCIS. MCIS will return the original image to Client with an original of its secondary interpretation report by overnight courier. MCIS reserves the right to decline to render an opinion in the event MCIS believes the quality of the submitted image is insufficient.
- 1.3. **Insurance:** MCIS shall maintain in effect a commercial professional liability insurance policy with minimum limits of \$1,000,000 each occurrence and \$3,000,000 annual aggregate subject to self-insured deductibles and retentions. MCIS agrees to indemnify Client with respect to demands, claims, or damages arising from or related to the negligent acts or omissions of MCIS or of its employees, officers, directors, or agents.

2. Client's Responsibilities:

- 2.1. **Local Licensed Physician:** Services and other information provided by MCIS under this Agreement are requested by and shall only be used by a physician who is licensed in the state where the patient is located and who is qualified by training and experience to make all primary decisions regarding the diagnosis, treatment, and care of the patient ("Local Licensed Physician"). MCIS services are limited to secondary interpretation of the information submitted. MCIS has no direct access to the patient's medical information and is not responsible for any failure of the Client to submit complete information.
- 2.2. **Primary Diagnosis:** The Local Licensed Physician shall retain primary responsibility for all diagnoses, treatment, and care provided to patients that are the subject of MCIS services.
- 2.3. **Authorized Request:** This Request, whether or not signed, is authorized to be submitted on behalf of Client and MCIS can rely on the fact that no additional signatures or approvals are required to evidence agreement to these Terms and Conditions.
- 2.4. **Insurance:** Client shall maintain in effect a commercial professional liability insurance policy with minimum limits of \$1,000,000 each occurrence and \$3,000,000 annual aggregate subject to self-insured deductibles and retentions. Except to the extent caused by the negligent acts or omissions of MCIS or of its employees, officers, directors or agents, Client agrees to indemnify MCIS with respect to demands, claims, or damages arising from or related to the acts or omissions of Client or of its employees, officers, directors, or agents.

3. General Terms and Conditions:

- 3.1. **Billing:** *Client shall pay MCIS in accordance with the MCIS fee schedule - \$350 Cross Sectional Exam and \$100 Plain Film Exam.* MCIS shall furnish Client with an invoice summarizing the Services furnished in each calendar month on or about the 10th day of the following month. Client shall pay no later than thirty (30) days following receipt of this invoice.
- 3.2. **Recordkeeping and Confidentiality of Medical Information:** MCIS and Client shall abide by all federal, state, and local laws, rules, regulations, and standards, with respect to clinical record keeping and maintaining the confidentiality of medical records and the handling, storage, transmission and release of patient information
- 3.3. **Use of Name:** Neither Client nor MCIS shall use the names or trademarks of the other party or of the respective party's affiliated entities in any advertising or publicity unless prior written consent has been obtained for each particular use.
- 3.4. **Access to Records:** For a period of four (4) years after the termination of this Agreement and the Attachment(s), MCIS shall make available upon written request of the Secretary of Health and Human Services or upon request of the Controller General or any duly authorized representative thereof, this Agreement and the Attachment(s) and the books, documents, and records of it that may be necessary to certify the nature and extent of Client's costs related to this Agreement and the Attachment(s). If the value or cost of any services provided by MCIS to Client for any twelve (12) month period is done by a sub-contractor with a value of \$10,000 or more, Client shall require that any such sub-contractor sign a similar agreement to make its books and records available for such four (4) year period of time.
- 3.5. **Independent Contractors:** Client and MCIS are independent contractors. MCIS is a Minnesota entity which is an affiliate of the Mayo Foundation. MCIS obtains professional services through arrangements with Mayo Clinic practice entities which are separately incorporated.
- 3.6. **Amendments:** These Terms and Conditions may not be amended or modified except in writing signed by both parties.
- 3.7. **Governing Law:** This Agreement and the rights and obligations of the parties hereunder shall be governed by the laws of the State of Minnesota.