



2716 OCEAN PARK BLVD., SUITE 1007B, SANTA MONICA, CA 90405
877-PAIN-MRI (877-724-6674) FAX 310-664-3949
NEUROGRAPHY.COM CONTACT@NEUROGRAPHY.COM

WELCOME TO THE NEUROGRAPHY INSTITUTE

Thank you for your interest in The Neurography Institute and MR Neurography. The Neurography Institute is the sole source of genuine MR Neurography scanning worldwide. We are pleased that you are taking charge of your health and wish to have an MRN scanning session at one of our licensed Nerve Scan Centers. Before your scanning session, we would appreciate your completing all sections of the attached Patient Information Package and returning it to our home office in Santa Monica, California, prior to scheduling your scanning session.

You may return the information one of two ways:

1. By FAX, to 310-664-3949;
2. or by email (print, complete and scan to PDF) to contact@neurography.com.

We ask that you complete this information and return it to us as soon as possible, so that we can schedule your scanning session for the soonest possible date. If you have any questions regarding these forms, please contact us at 877-724-6674 between 9AM-5PM weekdays.

Please arrive on time for your scheduled appointment. If you are more than 20 minutes late, your appointment will be cancelled and rescheduled for a later date.

The Neurography Institute requires a credit card or debit card to be on file in order to confirm your appointment. Unless you have provided this guarantee, please do not consider your appointment time to be reserved. If you need to cancel your appointment, please contact our office within 48 hours of your scheduled appointment time or you will be charged a \$425 cancellation fee.

INTRODUCTION

Each year, The Neurography Institute successfully helps hundreds of complex spine and peripheral nerve patients with the patented technology of MR Neurography. Most patients do not know that many complex spine cases are a combination of orthopedic and peripheral nerve conditions. This is where MR Neurography can be extremely beneficial, since it provides an accurate image of soft tissue elements outside of the spine such as impinged nerve roots, entrapped nerve branches, muscle anomaly and scar tissue building up that may also be a part of the pain symptoms. Once doctors have a more accurate imaging diagnosis, then the treatment planning becomes measurably more accurate, as well.

Over the past ten years of dedicated service in providing MR Neurography, many patients have written to us and have told us about their suffering with pain symptoms due to lack of advanced imaging techniques. For many patients, travelling is a burden. Because of this, The Neurography Institute is committed to providing the convenience of local Nerve Scan Centers around the United States. (A complete listing of facilities is available at Neurography.com.) The result: patients are able to receive their MRN scans relatively close to home. Once the raw data images are taken, they are transmitted to our imaging analysis workstations in California using HIPPA-compliant encryption technology to ensure privacy. Once received, Institute radioneurologists complete the post process and provide a final neuro-radiological reading and 3D nerve scan. With these detailed image results, local treating doctors are better able to devise a treatment plan that ultimately resolves the pain symptoms.



PATIENT INFORMATION

Date: _____ Home Phone: _____
 Patient: _____ Soc.Sec.: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Sex: M F Age: _____ Birthdate: _____ Single Married Widowed Divorced
 Patient Employer: _____ Occupation: _____
 Business Address: _____ Bus. Phone: _____
 Referring Physician: _____ Phone: _____
 Address: _____ Fax: _____
 Primary Care Physician: _____ Phone: _____
 Address: _____ Fax: _____
 Pain Management Doctor: _____ Phone: _____
 Address: _____ Fax: _____
 Reason for visit: _____

OTHER INFORMATION

Person Responsible for Account: _____ Phone: _____
 Relationship to Patient: _____ Soc.Sec.: _____ Date of Birth: _____
 Address (if different from patient): _____
 Person Responsible Employed By: _____ Phone: _____
 Is this a work-related injury? Yes No If Yes, please fill out Workers Compensation Information below
 Is this case under litigation? Yes No If Yes, Attorney's Name: _____
 Attorney Address: _____ Phone: _____
 In case of emergency who should we notify?: _____ Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone: _____
 Claims Address: _____
 Insured Name: _____ Date of Birth: _____
 Contract #: _____ Group #: _____ Subscriber #: _____



WORKERS COMPENSATION INSURANCE

Employer's Name: _____ Phone: _____
Date of Injury: _____ Claim #: _____
Worker Compensation Carrier: _____
Carrier Address: _____
Adjuster's Name: _____ Carrier Phone: _____
Coverage Verified By: (Office Use Only) _____ Carrier Fax: _____

ASSIGNMENT AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____ and assigned directly to The Neurography Institute all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. In the event that my health insurance sends me a check in my name that has been issued to reimburse the costs of these health care services, I agree to endorse over the check to The Neurography Institute by writing on the back of the check "Pay to The Neurography Institute" and signing immediately below this statement. I will then send the check with this endorsement to The Neurography Institute at 2716 Ocean Park Blvd., Suite 3075, Santa Monica, CA 90405. I further understand that The Neurography Institute is not a provider of services with my insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature: _____ Date: _____

OPT-OUT MEDICARE PROVIDER ADVISORY

I, the undersigned, gives up all Medicare payment for services furnished by the "opt out" physician; agrees not to bill Medicare or ask the physician to bill Medicare; is liable for all of the physician's charges, without any Medicare balance billing limits; acknowledges that Medigap or any other supplemental insurance will not pay toward the services; and acknowledges that he or she has the right to receive services from physicians for whom Medicare coverage and payment would be available.

Signature: _____ Date: _____

SPECIAL NOTICE TO GOVERNMENT EMPLOYEES, MILITARY & ARMED FORCES PERSONNEL (ACTIVE & RETIRED)

Insurances like TriWes Care may require contracting for your reimbursement. Please be advised that this provider does not contract with any insurance carrier. This medical practice has opted out of Medicare; the provider has a deactivated UPIN number. Your signature acknowledges that we will not sign a contract for your insurance payment.

Signature: _____ Date: _____



PATIENT FINANCIAL RESPONSIBILITY

The Neurography Institute is pleased to provide your medical care. It is our goal to make available to each patient the quality medical care they deserve. As our patient please be advised that this is not a contracted or participating provider with your insurance network and, it is ultimately your responsibility that The Neurography Institute is fully reimbursed for the services provided.

If you are using insurance for your medical treatment, it is your responsibility to know the terms and conditions of your coverage and to provide us with a copy of your most current insurance card and claim mailing address. Keep in mind, you do have the right to decline services recommended by a provider. If our service(s) is not covered by your insurance or if your insurance coverage has lapsed, you will be personally responsible to pay for that service in full. Payment will be processed from the credit card authorization on file and any installment payment arrangements must be made in advance of services provided, and for established patients please note that partial payments can not be made once insurance has been finalized. Please note that you will receive a statement from us even though we have billed your insurance carrier.

ASSIGNMENT OF BENEFITS FORM

We will be happy to bill your insurance for your medical charges, but in order to do so we must have your signature below authorizing the Assignment of Benefits. If we do not have your signature below, we cannot bill your Insurance and the total charge will be due from you. We thank you for your prompt cooperation.

I hereby assign to The Neurography Institute, 2716 Ocean Park Blvd, Suite 3075, Santa Monica, CA 90405, all my rights, title and interest to any and all health care and/or surgical benefits otherwise payable to me for medical treatment, including major medical, rendered by the assignee effective as of the below stated date and as described in the any subsequent medical claim forms for services provided.

I authorize and direct my insurance carrier to make all payments directly to The Neurography Institute. I surrender and assign all right, title and interest I may have in any benefits or payments and in any interest on late payments that are paid by check written out to me or to the primary insurance member who is responsible for my coverage as custodian of the funds due to The Neurography Institute. When my insurer includes The Neurography Institute's Tax ID to the IRS on a 1099 basis in relation to any payment for medical services under my health insurance, I agree to immediately turn over any such funds to the provider associated with that Tax ID. If I do not immediately turn over the funds, I agree to reporting to the IRS and State tax authorities as well as to law enforcement within two weeks of the receipt of any such funds intended for The Neurography Institute.

By affixing my signature below, I am affirming my acceptance of services. I acknowledge that I am financially responsible for all services provided for me by The Neurography Institute.

Patient Signature: _____ Date: _____

Print Name: _____



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MEDICAL RECORDS RELEASE AUTHORIZATION

I, _____

release liability from The Neurography Institute and request a copy of my medical records dated _____

Please send a copy of the _____

to: _____

Regarding the following patient: _____

Date of Birth: _____

Signature: _____

Date: _____



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**NOTICE OF OPT-OUT OF MEDICARE
THE NEUROGRAPHY INSTITUTE: EIN 95-4716692**

PRIVATE CONTRACTING

Provisions in the Balanced Budget Act of 1997 give physicians and their Medicare patients the freedom to privately contract to provide health care services outside the Medicare system. Private contracting decisions may not be made on a case-by-case or patient-by-patient basis, however. Once physicians have opted out of Medicare, they cannot submit claims to Medicare for any of their patients.

This agreement is between The Neurography Institute, whose principal place of business is 2716 Ocean Park Blvd., Suite 3075, Santa Monica, CA 90405, and _____ ("Patient"), who resides at _____ and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician Provider has informed Patient that this Physician provider has opted out of the Medicare program effective March 15, 2005 and is excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician Provider agrees to provide the following medical services to Patient (the "Services"): Neuro-radiological imaging, and facility services as defined by orders provided to the patient in advance of imaging.

In exchange for the Services, the Patient agrees to make payments to Physician Provider pursuant to the patient statement Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Physician Provider will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by the Physician Provider that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that a copy of this contract has been made available to him.
- Patient agrees to reimburse Physician Provider for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or his beneficiaries.]

Executed on _____ [date] by:

Print Patient Name: _____

Patient Signature: _____

NIMA Signature: _____

FINANCIAL FAQs

Thank you for choosing The Neurography Institute. We are committed to the success of your medical treatment. Please understand that payment of your bill is part of this care. Each year we see a few patients who become frustrated with their insurance company and the lack of benefit coverage for MR Neurography services. However, it is not appropriate to infer that this problem of reduced or no insurance benefits is somehow a problem with MR Neurography. The cost of MR Neurography is comparatively a value given that a standard MRI costs between \$1800 and \$2800 per scan and does not include the patented methodology and post-processing afforded by MR Neurography. As the leading experts in the field of peripheral nerve and neuro-radiology, we try to educate patients about their condition by encouraging them to research the standard of care and will be happy to provide copies of peer review medical papers and clinical support for this test.

We also try to educate patients about their insurance plans. Even though we are not contracted insurance providers, we do feel that it is important to support patients in their bid to get the best possible insurance benefits for the MRN service. Patients should know their options for recourse when the insurance plan is denying coverage or applying low payment for this medically necessary service. Patients should contact their insurance plan directly and request the appeal guidelines and copies of the specific plan policy that denies the procedure. Patients should also be aware that they can request an external review of an insurance plan payment by a same-specialty peer reviewer and request assistance from the local insurance commissioner for proper payment and reimbursement review. Over ten years of providing this exclusive service, we have seen many insurance plans and encounter differences even amongst the same type of carrier. We are here to help you and are always on your side. If you have questions or concerns about a low paid insurance claim call our office and we will work with you to resolve the payment issue.

For your convenience, we have answered some of the most commonly-asked financial policy questions below. If you need further information about any of these policies, please call to speak with a Billing Specialist.

Do You Accept Insurance?

Our billing service is offered as a courtesy and convenience for processing your insurance. If you are utilizing insurance for your medical treatment, it is your responsibility to know the terms and conditions of your coverage and to provide us with a copy of your most current insurance card. Please keep in mind that if our service(s) is not covered by your insurance or if your insurance coverage does not fully cover the total billed charges, you will be personally responsible to pay for that service in full. We accept all major insurance plans that have an out of network benefit. We do not bill Medicare as CMS/Medicare does not provide benefit coverage for MR Neurography. Worker Injury, Accident, or Personal Injury insurance billing is a courtesy, after personal financial guarantee.

How May I Pay?

We accept payment by cash, check, VISA, Mastercard, Discover and American Express. Financial agreements for smaller installment payments can be made in advance. Any cancellation within 48 business hours of the appointment is subject to a \$425 cancellation fee.

What Is My Financial Responsibility for Services?

As with all medical services insurance authorization is not a guarantee of payment, you are 100% financially responsible for the services provided to you through The Neurography Institute. Please note that insurance claim submission is a courtesy. It is the patient / member's responsibility



FINANCIAL FAQs (continued)

to understand their insurance benefits and payment guidelines. I certify that I have read the above Patient Payment Policy and understand that the Neurography Institute is a non-contracted facility. I am responsible for the full fee if my insurance does not pay. I understand that if my insurance sends payment to me directly it is my responsibility to forward the payment to The Neurography Institute.

Other persons providing payment on your behalf are asked to also sign the payment policy form otherwise we will not be able to accept their payment on your behalf.

Please sign and date below, indicating you have read and understood this section.

Date: _____

Signature: _____

Print Name: _____

Other party providing payment on your behalf, please sign and date below

Signature: _____

Print Name: _____

Date: _____

CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS/ COMPANY NAME		
ACCOUNT NUMBER					
EXPIRATION DATE/ CVS code					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME/ RELATION TO OWNER	
PHONE NUMBER/ EMAIL ADDRESS	
AUTHORIZED AMOUNT	

AUTHORIZATION OF CARD USE
<p>Auto Charge Authorization: to sign up for this monthly service please sign below.</p> <p>I hereby authorize The Neurography Institute to charge my credit/debit card to pay charges as they become due. This authorization shall remain in effect unless revoked by me in writing and until The Neurography Institute confirms receipt of such notice. The Neurography Institute assumes no responsibility for penalties, interest, late fees and bank service charges associated with use of this credit/debit card payment. This authorization shall be effective only upon receipt by The Neurography Institute. Please note your auto credit card payment will include any and all past due charges , including any charges that may be past due at the time of you sign up for this service. "Past due" is defined as 31 days or more from the date of service.</p>
CARD HOLDER NAME
SIGNATURE DATE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	



MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants or objects. Therefore, ALL individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS ON.

Name: _____ Age: _____ Date: _____
Address: _____ Home Phone: _____
City: _____ Work Phone: _____
State: _____ Zip: _____ Mobile Phone: _____

- 1. Have you had prior surgery or an operation (e.g. arthroscopy, endoscopy, etc. of any kind?) [] No [] Yes
If Yes, please indicate date and type of surgery Date: _____ Surgery Type: _____
2. Have you had an injury to the eye involving a metallic objects (e.g. metallic slivers, foreign body)? [] No [] Yes
If Yes, please describe: _____
3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)? [] No [] Yes
If Yes, please describe: _____
4. Are you pregnant or do you suspect that you are pregnant? [] No [] Yes



WARNING: Certain implants, devices, or objects may be hazardous to you in teh MR environment or MR system room. DO NOT ENTER the MR environment or MR system room if you have any question or concern regarding an implant, device or object.

- [] Yes [] No Aneurysm clip(s)
[] Yes [] No Cardiac pacemaker
[] Yes [] No Imp,lanted cardioverter defibrillator (ICD)
[] Yes [] No Electronic implant or device
[] Yes [] No Magnetically-activated implant or device
[] Yes [] No Neurostimulation system
[] Yes [] No Spinal cord stimulator
[] Yes [] No Cochlear implant or implanted hearing aid
[] Yes [] No Insulin or infusion pump
[] Yes [] No Implanted drug infusion device
[] Yes [] No Any type of prosthesis or implant
[] Yes [] No Artificial or prosthetic limb
[] Yes [] No Any metallic fragment or foreign body
[] Yes [] No Any exzternal or internal metallic object
[] Yes [] No Hearing aid (remove before entering MR system room)
[] Yes [] No Other implant:



IMPORTANT INSTRUCTIONS

Remove ALL metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots / shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment. Please consult the MRI technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

I iattest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: _____ Date: _____

Form Information Reviewed by: _____ Signature: _____

- [] MRI Technologist [] Radiologist [] Other

LETTER OF EXPLANATION FOR MR NEUROGRAPHY

Nerve Entrapments and Soft Tissue Injuries

MR Neurography is an important advance in the assessment of all areas of injury in which nerves may be involved. In the past, the terms 'nerve entrapment' or 'soft tissue injury' has been used to imply that a problem can not be proven such as those resulting from chronic repetitive motion, injury or accidents. Nerves generally cannot be seen well on standard MRI scans. From the point at which a spinal nerve is about one centimeter from the spinal canal, and on out through the rest of the body, standard imaging cannot be used to confirm or disprove an injury.

This is by contrast with bone injuries which show well on X-rays. Obviously, there is nothing inherent about soft tissues which makes them less important. The brain and spinal cord are soft tissues but they are shown well on standard MRI scans.

However, an MR Neurography study can show images of the nerves themselves. In many cases it can confirm an injury or abnormality which can not be confirmed objectively in any other fashion. An MR Neurography study may also be capable of demonstrating that a particular nerve in question is absolutely normal in appearance while contributing to pain symptoms as a result of ancillary anatomical factors.

Technical Information

MR Neurography is the result of research into methods of optimizing the details of MRI scanning so that the nerves become the brightest objects in the image. This allows for three-dimensional reconstruction of the image of the nerves. There are no contrast agents or injections involved.

MR Neurography is a means of optimizing an MRI scan for sensitivity to special biophysical properties of nerve. In MRI scanning, the scanner is able to detect subtle differences in the behavior of protons and these are most abundant in water. Water in different tissues may have different appearances in the image because of effects of material dissolved in the water which affect the tumbling rate of the water molecules, it may also be affected by magnetic properties of materials dissolved in or near the water. Finally the way in which water molecules move or diffuse in tissues can affect their appearance. There are also protons in different forms and the second most abundant are those participating in fat or lipid molecules. In MRI scanning, it is possible to use radio frequency pulses and magnetic field shifts to accentuate the appearance of one type of proton over the appearance of another. In addition to the fine aspects of the collection of the image, there are a variety of specialized computer processing steps required to complete the process of presenting a detailed image of the nerve for review including 3D formatting and neurosurgical next steps indications and planning.

MR Neurography and Insurance

These studies are not considered experimental since they have been in active clinical use for more than ten years and are the subject of numerous publications including convincing outcome studies demonstrating clinical utility. These imaging examinations do not use any equipment or software which is not FDA approved or which is considered experimental in any way.

Numerous insurers including many HMO's, indemnity carriers, workman's comp boards, Medicare and other entities have reviewed the use of these studies and have not denied any approvals, if the performance of the imaging study itself is indicated.

MR Neurography at this time is indicated in the diagnostic evaluation of any condition thought to be due to nerve compression or impingement, trauma involving peripheral nerves, repetitive strain injuries, and congenital or obstetrical abnormalities. In addition to peripheral nerve conditions such as carpal tunnel syndrome, ulnar nerve compression, thoracic outlet syndrome, and nerve tumors, these studies are also indicated for the evaluation of spine patients with radiculopathy when routine studies fail to demonstrate the cause of the pathology.

Reimbursement of a MR Neurography, though a MRI scanner is used, is not a standard MRI and should not be reimbursed as so. The relative value expense for the MR Neurography is three times that of a standard MRI.



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NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read, or have had the opportunity to read, this Notice and I understand the Notice.

Patient Name (Please print):

Authorized Representative Name (Please print, if applicable)

Relationship to Patient _____

Patient's or Authorized Representative's Signature

Date

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the disclosure of, and requests for, PHI to the minimum to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to the authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information listed below, if completed properly, will constitute an adequate record.

NOTE: Uses and disclosures for TPO (treatment, payment, operations) may be permitted without prior consent in an emergency.