



REQUEST FOR DIAGNOSTIC TESTING ONLY

Patient Information

Name: _____ Date of Birth: _____

Gender: Male Female Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Test(s) Requested:

_____ Echocardiogram (Self-Pay Amt.: \$350.00) _____ Holter Monitor (Self-Pay Amt.: \$250.00*)

_____ Stress Test (Self-Pay Amt.: \$350.00) _____ Event Monitor (Self-Pay Amt.: \$250.00*)

Diagnosis: _____ Internal Devices: _____ Defibrillator _____ Pacemaker _____ None

Brief History: _____

Insurance Information

Primary Insurance Company Name: _____

Policy ID No.: _____ Group No.: _____

Policyholder's Name: _____ Policyholder's Date of Birth: _____

Policyholder's Relationship to Patient: Self Spouse Child Other

Authorization #: _____ Exp. Date: _____ Obtained By: _____

Secondary Insurance Company Name: _____

Policy ID No.: _____ Group No.: _____

Policyholder's Name: _____ Policyholder's Date of Birth: _____

Policyholder's Relationship to Patient: Self Spouse Child Other

Authorization #: _____ Exp. Date: _____ Obtained By: _____

Requestor Information

Provider Name: _____ NPI: _____

Provider Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Form Completed By: _____ Date: _____

INSTRUCTIONS: Please fax request form, patient's insurance card(s) (if applicable), H&P, and any prior cardiac testing results (e.g., stress test results, echocardiogram reports, etc.) to 417.883.5577. We will contact the patient after the information has been received, and we will notify you when the appointment has been scheduled. Self-pay amounts will be collected at the time of service (if applicable). If you do not hear from us within 24 hours (Mon-Fri) after submission, please call us to verify we received your fax. Thank you for allowing us to participate in this patient's care.

Appointment Information (To be completed by BCG staff)

Date: _____ Time: _____ Scheduler: _____

*Holter and event monitors are subject to additional charges from Biotel, the monitoring company.

Baron Cardiology Group, PC

1242 E. Independence, Suite 200, Springfield, MO 65804

417.883.5500