

Jeri Shuster, M.D., P.A.
and Women's Center, Inc.

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

WAIVER FOR DXA BONE DENSITY SCAN

Please print this form, complete, and bring with you to your DXA scan if not previously done in the office. Thank you.

Name (Please Print): _____

My signature on this form confirms that I have been advised that I am responsible for payment if my health insurance company denies payment. The imaging procedure has been pre-authorized with your insurance company by the office of Jeri Shuster M.D. P.A. Even though approved by them, the insurers always qualify by stating that authorization does not guarantee payment. Please call the member number on your card to see what, if any, payment is due out of pocket and to make sure that your visit has been authorized.

Our fee for DXA (code 77080) is \$480.

Patient / Guardian Signature

Date

Witness Signature

Date

Jeri Shuster MD / Kathryn Cervi CRNP

Date

