



DIAGNOSTIC IMAGING®

Pain Care

Scheduling line: 952.738.4580
Insurance specialist: 952.541.1111
Fax form to: 952.543.6524
Email form to: TCorders@cdirad.com

- Blaine
- Coon Rapids
- Lakeville
- St. Louis Park
- Woodbury

PATIENT INFORMATION			
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #
Patient DOB	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Patient will call to schedule	<input type="radio"/> Call patient to schedule
<input type="radio"/> Please release my records from the referring provider listed below to CDI.			
Patient signature (required)			

INSURANCE INFORMATION		
<input type="radio"/> Commercial/Private	<input type="radio"/> Auto <input type="radio"/> Workers' comp	Date of injury
Insurance carrier	Insurance ID #	Claim #
Member #	Adjuster	Phone #
Group #	Attorney	Phone #

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.	Clinical Decision Support (CDS)	
	Required for Medicare Part B	
	Modifier (determination)	G-code (vendor)
Is the exam/procedure related to an injury? <input type="radio"/> Yes <input type="radio"/> No If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela		

COMPREHENSIVE PAIN CARE EVALUATION FOR:

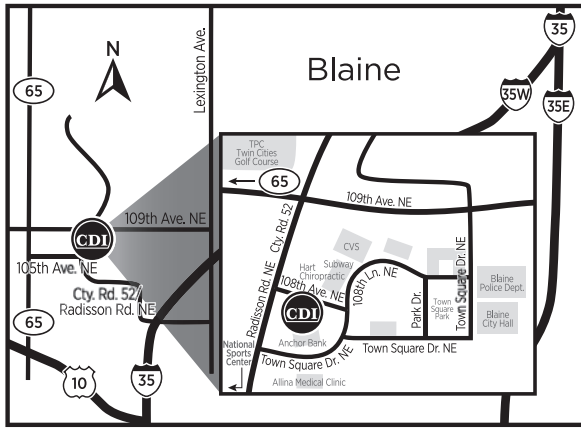
Pain care consult and treat as appropriate
 Injection Imaging Other: _____
 Regenerative medicine (PRP/BMAC) consult and treat as appropriate

RECOMMENDATIONS MAY INCLUDE:

<ul style="list-style-type: none"> • Physical therapy • Behavioral health evaluation • Medication management in partnership with primary care provider • Surgical consults 	<ul style="list-style-type: none"> • Injections: <ul style="list-style-type: none"> - Epidurography/Epidural steroid - Facet joint steroid - Facet nerve block - Selective nerve root block - Spinal cord stimulator trials 	<ul style="list-style-type: none"> • Imaging: <ul style="list-style-type: none"> - MRI - CT - X-ray
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Regular updates on patient's progress will be provided to you by our CDI Pain Care team.

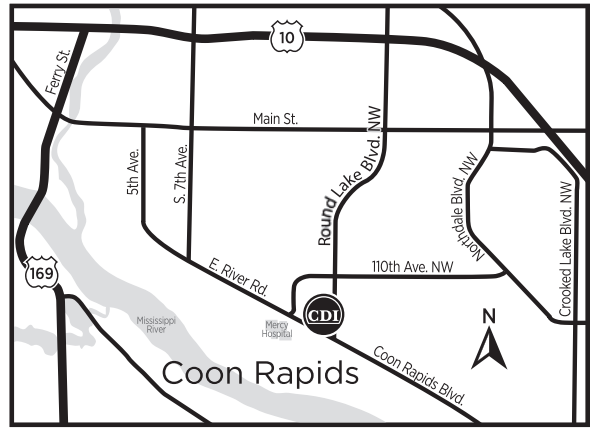
REFERRING PROVIDER INFORMATION			
Clinic name	Phone #	Fax	
Clinic address	City	State	Zip
Provider name (print)			
Provider signature (required) Do not use rubber stamp.		NPI # (required) <small>Electronically signed</small>	Date



Blaine

2305 108th Ln. NE
Blaine, MN 55449

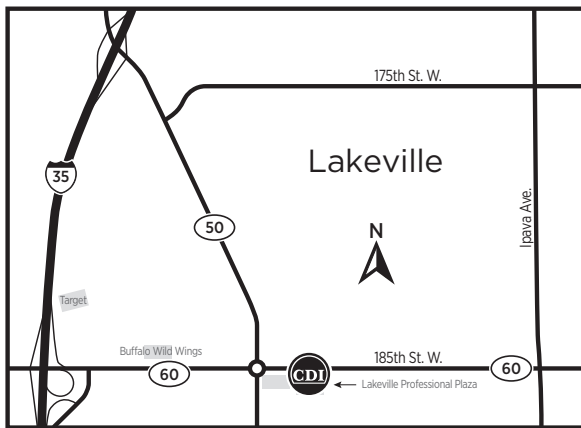
P: 763.278.4429



Coon Rapids

3833 Coon Rapids Blvd. NW, Suite 120
Coon Rapids, MN 55433

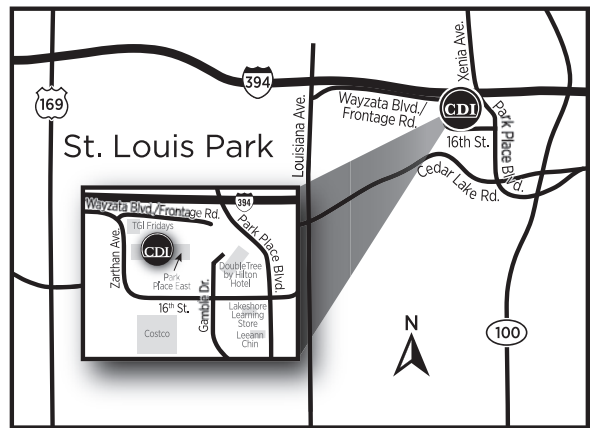
P: 763.433.2000



Lakeville

10438 185th St. W., Suite 100
Lakeville, MN 55044

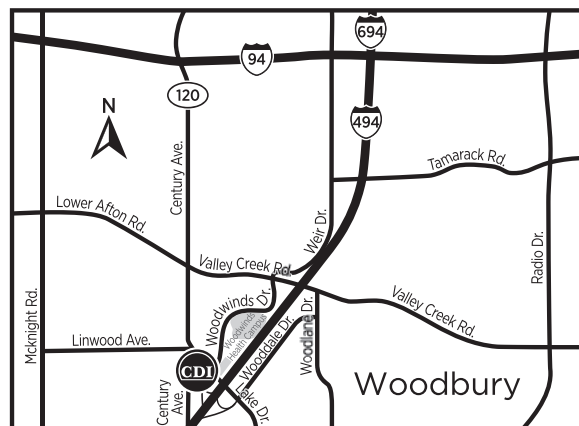
P: 952.345.3878



St. Louis Park

5775 Wayzata Blvd., Suite 190
St. Louis Park, MN 55416

P: 952.541.1840



Woodbury

6025 Lake Rd., Suite 130
Woodbury, MN 55125

P: 651.735.1840