



Texas Advanced Imaging

KATY 954 S Fry Rd • Katy, TX 77450 • Phone 832-240-3757 • Fax 832-581-4314

CONROE 200 River Pointe Drive Ste 130 • Conroe TX 77304 • Phone 832-838-4185 • Fax 832-581-4315

SUGAR LAND 4907 Sandhill Drive Ste D • Sugar Land TX 77479 • Phone 832-553-0190 • Fax 832-581-4312

AVAILABLE SERVICES

- **Open and Closed MRI/MRA**
- **CT**
- **Ultrasound (General and Vascular) including:**
 - *Venous, Arterial, and Carotid Doppler*
- **X-Ray**

INSURANCE LIST

March 2021

-
- | | |
|--------------------|-----------------------------|
| • Aetna | • Medicare |
| • Ameriben | • Meritain |
| • BCBS (All Plans) | • Multiplan |
| • Cigna | • Optum |
| • GEHA | • Self Pay (On Back) |
| • Healthnet | • United Healthcare |
| • Humana | • US Dept. Of Labor |
| • MVA/LOP | • Work Comp |

We do not take: Medicare Replacement, Advantage, or Supplement plans, Tricare, Medicaid, Marketplace, or AARP.



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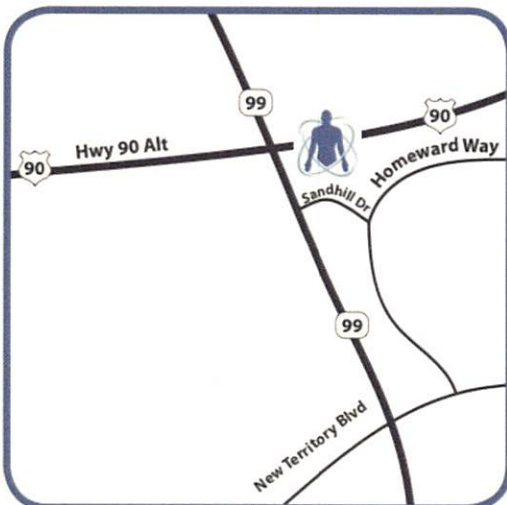
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CASH PAY

MRI w/contrast: \$400 • MRI w/o Contrast: \$350 • CT w/contrast: \$275

CT w/o contrast: \$225 • Ultrasound: \$100 • Vascular Ultrasound: \$150 • X-Ray: \$40 per study

CT AB/Pel w/Contrast \$325 • Ct AB/Pel w/o Contrast \$275



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Please bring this completed order, your insurance card, and a photo ID with you to your appointment.

Today's date: _____ Appointment date: _____ Appointment time: _____

Patient Name: _____ DOB: ____/____/____ M or F Patient Phone: _____
(last) (first) MM DD YYYY

Diagnosis/Current Symptoms/History: _____ ICD 10 Code: _____

Physician Signature: _____ Phone: _____ Fax: _____

Print Physician Name: _____

Additional Report to: _____ Phone: _____ Fax: _____

Attorney Name: _____ Phone: _____ Fax: _____

MRI
(with reconstruction as indicated)

Brain SWI
 Brain & IAC TBI
 Brain & Pituitary DTI
 IAC Only
 Pituitary Only
 Orbits
 Neck Soft Tissue
 Spine:
 cervical _____
 thoracic _____
 lumbar _____

Abdomen (indicate area of interest below)

MRCP
 Adrenals
 Pelvis

Extremity: left _____ right _____
 body part: _____

Other:

Without contrast
 With & without contrast

MR Angiography (MRA)

Brain
 Neck - Carotids
 Chest
 Aorta
 Renals
 Other:

Without contrast
 With & without contrast

CT
(with reconstruction as indicated)

Head / Brain
 Temporal Bones (IAC's)
 Sinus (Maxillofacial)
 complete _____ limited _____
 Maxillofacial – Facial Bones
 Neck Soft Tissue
 Shoulder: left _____ right _____
 Spine:
 cervical _____
 thoracic _____
 lumbar _____

Chest
 Abdomen (pelvis as indicated)
 Pelvis
 CT Urogram
 CT Stone Protocol
 Hip: left _____ right _____
 Extremity: left _____ right _____
 Indicate area of interest: _____

Other:

With contrast
 Without contrast
 With & without contrast

CT Angiography (w & w/o contrast)

Head / Brain
 Neck - Carotids
 Chest
 Abdomen (pelvis as indicated)
 Pelvis
 Other:

X-RAY

Skull
 Orbits
 Sinuses:
 waters _____
 limited _____
 complete _____
 Shoulder: left _____ right _____
 Neck Soft Tissue
 Chest: PA _____ PA/LAT _____
 Ribs (w/ PA Chest):
 left _____ right _____

Spine:
 cervical _____
 thoracic _____
 lumbar _____

KUB
 Acute Abdominal Series
 Hip: left _____ right _____
 Bilateral Hips (w/ pelvis)
 Pelvis
 Indicate area of interest: _____
 Extremity: left _____ right _____

Other:

ULTRASOUND
(with Doppler as indicated)

Carotid Doppler
 Venous Doppler
 upper extremity: left _____ right _____
 lower extremity: left _____ right _____

Abdominal Aorta
 Abdomen
 Abdomen Limited:
 gallbladder _____
 hernia _____
 appendix _____

Renal / Bladder
 Bladder
 Pelvic (w/ transvaginal as indicated)
 Scrotum
 Thyroid
 Follow Up

Reason:

Other:

- STAT**
 Patient to bring CD to doctor's office
 Call Report to Physician at:

 Physician's Direct Phone Number

For us to obtain prior authorization please fax insurance card front and back

GENERAL INSTRUCTIONS

ULTRASOUND: **Gallbladder and/or Abdomen:** Nothing to EAT or DRINK after midnight. Water is OK.
Pelvic: 1 hrs prior to exam, empty bladder (urinate). Start drinking 24 ounces of water. Finish water in 30 minutes. Do not empty bladder until exam is completed.
Renal: Drink 16 ounces of water 30 minutes prior to exam. Do not empty bladder prior to exam.

CT SCAN: **CT Exams Requiring IV Contrast:** Nothing to EAT or DRINK 4 hours prior to exam.
CT Exams Requiring Oral Contrast: Nothing to EAT or DRINK 4 hours prior to exam. Patients may pick up oral contrast at the facility prior to the appointment or arrive 1 hour prior to the exam. Please confirm your selection when scheduling your appointment.
*** Note:** Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

MRI: **All MRI Exams:** Notify office immediately if you have a **cardiac pacemaker, aneurysm clip, AICD (Cardiac Defibrillator), implanted device of any kind, or possible metal in your eye.**
MRI of the Abdomen: Nothing to Eat or Drink 4 hours prior to the exam.
***Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

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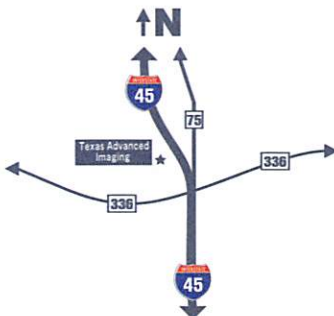


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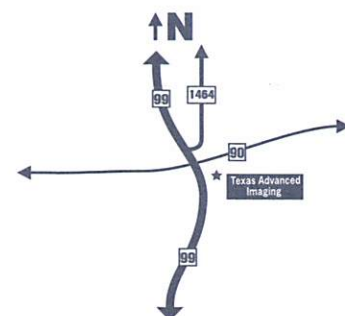


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*** MAPS NOT TO SCALE**