RADIOLOGY REFERRAL FORM

Date:

PERSONAL INFORMATION

Employee's Name:

Patient's Name, if not the employee: Employee ID #:

Relationship to Employee: ☐ Spouse ☐ Dependent

Home Address:

City State Zip Code

Phone

Employee's Employer: BoCC Division (if applicable):

FACILITY EMPLOYEE WILL USE

○ Advance Technological Radiology, P.A.
24040 US Highway 27
Lake Wales, FL 33821
(863) 419-8832
Locations also in Davenport & Winter Haven

○ MRI Associates (Main Office)
2946 Lakeland Highlands Road
Lakeland, FL 33803
(863) 510-5944
Locations also in Winter Haven, Brandon, Venice, Bradenton, & Sarasota

EMPLOYEE INSTRUCTIONS

Please take a copy of this **form**, appropriate **I.D.** and valid **Aetna Insurance card** with you to the appointment. If an employee, along with eligible family members, cannot show proof of the county's insurance at time of service, the county will not provide reimbursement. The employee, along with their eligible family member, will be considered self-pay and must bring payment at the time of service, as per the Radiology firm's self-pay policy.

Employees, along with their eligible family members, using these facilities to have radiology service provided understand that the county will only pay for services that are currently authorized under Continuing Service #17-633. The employee, along with eligible family members, also agree that if services are provided that are **not** authorized it will be the employee's responsibility to file the claim with the insurance carrier with no guarantee of payment.

It is the employee or eligible family member's responsibility to schedule their own appointment. If an appointment is missed and not cancelled in accordance with the Radiology firm's policy, the employee will be responsible for any and all charges.

TO BE FILLED OUT BY RADIOLOGY

Date of Service: _____

Employee or eligible family member was on time for appointment: Yes No

Employee or eligible family member showed appropriate ID: Yes No

If employee or eligible family member showed appropriate ID and services provided are in line with Continuing Service #17-633, invoice:

Polk County Board of County Commissioners
Risk Management Division
1250 Golfview Ave.
Bartow, FL 33830

Print **Save**