

What is a 3D Mammogram (Tomosynthesis)?

2D mammography shows your breast tissue in one flat image. 3D mammography is an FDA approved technological advancement producing images of your breast tissue in one millimeter slices, allowing the radiologist to see through the breast tissue in greater detail.

Why have a 3D mammogram?

- 3D mammography detects 40% more invasive cancer than 2D mammography.
- 3D mammography decreases the possibility of being called back for additional imaging.
- Our breast imaging radiologist may request 3D mammography to be performed.

What is the cost for my 3D mammogram?

I am hereby requesting the addition of 3D tomosynthesis to my mammogram. If my health plan excludes this service and the claim denies as non-covered, then I acknowledge and understand that I am responsible for paying \$ 55.00 for this service when I receive a billing statement. I also understand that I will receive a separate bill from the radiology group for interpretation of the 3D images and understand that I am responsible for paying for this interpretation service.

I am hereby requesting the addition of a 3D tomosynthesis to my mammogram. In making this request, I acknowledge that I have been informed prior to receiving the service that 3D tomosynthesis is not covered by my health insurance plan. In acknowledging that 3D tomosynthesis is not covered by my health insurance plan, I understand that I am responsible for paying \$ _____ for this non-covered service. I also understand that I will receive a separate bill from the radiology group for interpretation of the 3D images and understand that I am responsible for paying for this interpretation service.

No, I do not wish to have 3D tomosynthesis added to my mammogram today.

I have read this form and have had an opportunity to ask questions, and to have those questions answered to my satisfaction.

X _____
 Patient's signature Date Time Witness signature Date Time

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)



3D Mammography Coverage Information Sheet

Patient Name: _____

DOB: _____

(or use patient label)

Name / MR # / Label