



**InteCardia**

A Prevention Service of  
Virginia Cardiovascular Specialists

# CT Heart Scan Informed Consent

Scan Date \_\_\_ / \_\_\_ / \_\_\_

Patient Name \_\_\_\_\_ ID# \_\_\_\_\_

The CT Heart Scan measures the amount of hard plaque or calcium build up in your coronary arteries and calculates your calcium score. This score is an accurate predictor of your risk of having a heart attack. However, the CT Heart Scan does not determine the presence or location of coronary blockages. To assess blockages if necessary, further testing would be required.

I authorize Virginia Cardiovascular Specialists (VCS) to perform the following CT imaging scan: CT Heart Scan.

1. No structures other than those described above will be examined.
2. During this test, you will be exposed to radiation.
3. Because of the possibility of serious harm to a developing fetus, it is important that **women who are or may be pregnant not have this test**. Please notify the CT technologist if there is any possibility that you may be pregnant.
4. The imaging scans are performed for screening purposes and are done to assist with understanding your condition. No screening procedure is capable of detecting all possible abnormalities.
5. Test results will be sent to your referring and/or primary care physician. These results should be reviewed by your physician, who may order further testing or procedures if abnormalities are found. It is your responsibility to consult with your physician regarding the test results.
6. This scan is for screening purposes. Medicare does **not** recognize it as a covered service and will not reimburse for this test.
7. This scan is for screening purposes. Most commercial insurance payors currently do **not** consider this test medically necessary and do not consider it a covered service.
8. Regardless of patient insurance type, each patient accepts the entire responsibility for reimbursing InteCardia for this service which has an estimated cost of \$\_\_\_\_\_. The patient may postpone or reschedule the test if he/she wishes to contact their payor directly and receive written confirmation of coverage status for this test: 0144T-GY CT Scan to detect calcification in the coronary arteries. By proceeding with the test, the patient accepts full responsibility for payment. InteCardia does not accept assignment of insurance claims.
9. If you ever experience chest pain, abdominal pain, pelvic pain, back pain or shortness of breath, you should seek medical attention promptly, regardless of these test results.

I have read this form, or it was read to me, and I fully understand its contents. I have had the opportunity to ask questions, and am satisfied with the answers and additional information provided.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date