Compensate/Complimentary

|  |  |  |  |
| --- | --- | --- | --- |
| Confirmation Code |  | Name |  |

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| **CANCER SCREEN** | |  | **Expires** | **Amount** |  |  |  | **Expires** | **Amount** |
| Mammography | 4930 | 40.00 | 12 Mos |  | CT Lung Scan | 4919 | 25.00 | 6 Mos |  |
| Diagnostic Mammogram | 4930 | 60.00 | 12 Mos |  | Oral Screening | 4949 | 10.00 | 3 Mos |  |
| Breast Ultrasound | 4930 | 40.00 | 12 Mos |  | Skin Cancer | 4977 | 25.00 | 3 Mos |  |
|  |  |  |  |  | Multiples |  |  |  |  |
| **CANCER LABS** |  |  | **Expires** | **Amount** |  |  |  | **Expires** | **Amount** |
| PSA Prostate | 4920 | 25.00 | 3 Mos |  | CA-125 Ovarian | 4920 | 50.00 | 3 Mos |  |
| LABS |  |  | Expires | Amount | LABS |  |  | Expires | Amount |
| Aerobic | 4920 | 10.00 | 3 Mos |  | Lipid Panel | 4920 | 30.00 | 3 Mos |  |
| BMP | 4920 | 11.00 | 3 Mos |  | Lithium | 4920 | 10.00 | 3 Mos |  |
| C Diff | 4920 | 40.00 | 3 Mos |  | Magnesium | 4920 | 10.00 | 3 Mos |  |
| C Reactive | 4920 | 10.00 | 3 Mos |  | Sensitivity | 4920 | 10.00 | 3 Mos |  |
| CBC | 4920 | 20.00 | 3 Mos |  | T3 Uptake | 4920 | 15.00 | 3 Mos |  |
| CMP | 4920 | 25.00 | 3 Mos |  | Triglycerides | 4920 | 10.00 | 3 Mos |  |
| Creatinine BL | 4920 | 10.00 | 3 Mos |  | TSH | 4920 | 25.00 | 3 Mos |  |
| Culture Stool | 4920 | 15.00 | 3 Mos |  | UA w/reflex | 4920 | 45.00 | 3 Mos |  |
| Folic | 4920 | 20.00 | 3 Mos |  | Venipuncture | 4920 | 3.00 | 3 Mos |  |
| Free T4 | 4920 | 20.00 | 3 Mos |  | Vitamin B12 | 4920 | 20.00 | 3 Mos |  |
| HGB A1C | 4920 | 15.00 | 3 Mos |  | Vitamin D | 4920 | 45.00 | 3 Mos |  |
| Iron | 4920 | 10.00 | 3 Mos |  | Multiples |  |  |  |  |
| **SCREENING** | |  | **Expires** | **Amount** | **SCREENING** | |  | **Expires** | **Amount** |
| **CT Abdomen/Pelvis** | |  |  |  | **Echocardiogram** | 4914 | 300.00 | 3 Mos |  |
| Without Contrast | 4906 | 1,100.00 | 3 Mos |  | **IAC/Orbits** | | |  |  |
| With Contrast | 4906 | 1,200.00 | 3 Mos |  | Without Contrast | 4906 | 480.00 | 3 Mos |  |
| **CT Angiography** | 4906 | 660.00 | 3 Mos |  | With Contrast | 4906 | 660.00 | 3 Mos |  |
| CTA’s With Runoff | 4906 | 840.00 | 3 Mos |  | **MRI** | |  |  |  |
| **CT SCAN** | | |  |  | Without Contrast | 4947 | 540.00 | 3 Mos |  |
| Without Contrast | 4906 | 480.00 | 3 Mos |  | With Contrast | 4947 | 720.00 | 3 Mos |  |
| With Contrast | 4906 | 660.00 | 3 Mos |  | **Ultrasound** | 4914 | 300.00 | 3 Mos |  |
| **Dexa-Scan** | 4918 | 150.00 | 6 Mos |  | Multiples |  |  |  |  |
| XRAY |  |  | Expires | Amount |  |  |  | Expires | Amount |
| 1 Views | 4995 | 58.00 | 3 Mos |  | 6 Views | 4995 | 143.00 | 3 Mos |  |
| 2 Views | 4995 | 75.00 | 3 Mos |  | 7 Views | 4995 | 166.00 | 3 Mos |  |
| 3 Views | 4995 | 85.00 | 3 Mos |  | 8 Views | 4995 | 190.00 | 3 Mos |  |
| 4 Views | 4995 | 95.00 | 3 Mos |  | 9 Views | 4995 | 214.00 | 3 Mos |  |
| 5 Views | 4995 | 119.00 | 3 Mos |  | 10 Views | 4995 | 238.00 | 3 Mos |  |
|  |  |  |  |  | Multiples |  |  |  |  |

**Actual – Discount = Total**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Screenings or Labs | Actual | Discount | Total |
| Cancer Comp |  |  |  |  |
| Med Comp |  |  |  |  |
| Labs Comp |  |  |  |  |
| Xray Comp |  |  |  |  |

*Brief Description of the Circumstances*

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*This signed document will be added to the Application for* ***IN-OFFICE USE ONLY,*** *and**filed with the DR Report.*

*Payment Method 5 CASH 5 CHECK 5 SPLIT 5 OTHER*  Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  |  |  |
| Executive Director Signature |  | Date |
|  |  |  |
| HCHF Representative |  | Date |