



Digital Breast Tomosynthesis (3D Mammography)

Patient Agreement and Consent to Pay Form

Patient Name:

DOB:

Date:

- **What is Breast Tomosynthesis (3D Mammography)?**

Breast Tomosynthesis (3D Mammography) is a revolutionary state of the art technology approved by the FDA in February 2011, which gives radiologists the ability to view inside the breast layer by layer, helping to see the fine details more clearly by minimizing overlapping tissue. During a 3D mammogram, multiple low-dose images known as “slices” of the breast are acquired at different angles. With 3D technology, the radiologist can view a mammogram in a way never before possible.

- **Is Breast Tomosynthesis (3D Mammography) a separate exam or part of my usual mammogram?**

The 3D exam is a separate procedure that is performed at the same time as your regular mammogram.

- **What are the benefits?**

3D mammography results in Superior Clinical Performance through:

- ✓ **EARLIER DETECTION:** By minimizing the impact of overlapping breast tissue, 3D mammography can help improve breast cancer screening and detection.
- ✓ **FEWER CALLBACKS:** 3D mammography helps distinguish harmless abnormalities from the real cancers, leading to fewer callbacks and less anxiety for women.
- ✓ **BETTER VISUALIZATION:** Radiologists can better see the size, shape and location of an abnormality.

- **Will my Insurance cover the cost?**

At this time, not all insurance carriers cover the 3D portion of the mammogram.

- **What is the cost?**

Personal Touch Radiology will bill your insurance carrier, for the 3D exam. In the event your insurance carrier does not cover the 3D, the cost to you will be \$65.00. If applicable, this is an eligible expense through your flexible spending account.

I have read and understand the information provided above on Digital Breast Tomosynthesis (3D Mammography).

As a courtesy Personal Touch Radiology / Pink Breast Center will bill my insurance for this service for an official decision on payment which will be sent to me on an Explanation of Benefits (EOB) from my insurer.

I understand that my insurance may not cover Digital Breast Tomosynthesis (3D Mammography) and in that event, by signing this agreement, I am agreeing to pay the fee for this service.

Patient Signature: _____