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VTI Patient Form

Dear VTI patient:

Please read this carefully and sign below.

Your physician has referred you to Park Avenue Radiologists, PC for a CT SCAN of the sinuses in anticipation of surgery.

An integral part of this study and your planned surgery is the use of a personalized head set and a specially formatted diskette. The same headset is worn during the CT Scan and again during surgery. The disc is used to capture the CT images which are retrieved during surgery. Our cost of these item(s) is \$150.00.

This charge is in addition to the fee for the Cat Scan and is not covered by your insurance. This \$150.00 charge is payable to Park Avenue Radiologists, PC at the time of service. It is not refundable. Depending on your particular insurance you may also be responsible for a co-payment or deductible.

We have verified your insurance and advised you of your payment responsibility prior to today.

I have read this statement and understand that the \$150.00 fee for the VTI headset and diskette is payable at the time of service and is not refundable.

Signature of Patient

_____/_____/_____
Date

Sincerely,

Park Avenue Radiologists, PCS