

**AUSTIN RADIOLOGICAL ASSOCIATION
CONSULTATION FORM**

I am scheduled for a consultation today to determine if I am a candidate for the EVLT (endovascular laser treatment) procedure. Today's examination will include an ultrasound Doppler of either one or both of my legs. If it is determined after my evaluation, by the Interventional Radiologist, that I am not a candidate for EVLT, I understand I will still be responsible for any charges incurred on today's visit.

If it is determined that I am a candidate and I agree to proceed, ARA will obtain authorization/verification from my insurance carrier for the procedure. After insurance is authorized/verified, I will then be scheduled for the EVLT procedure.

I understand that if I have insurance, ARA as a courtesy will file it. If I do not have insurance or the procedure performed is not a covered benefit, I will be responsible for the charges incurred.

Patient Name Printed

Date

Patient Signature

Witness