



LONGHORN IMAGING

ACCEPTED INSURANCE

Absolute Solutions
Aetna
Aetna Medicare Plan
All Savers
Altrua Health Share
AmeriPlan
Ancillary Care Services
Ascension BCBS (Smart Health)
BCBS
BCBS CHIP and STAR
BCBS HMO Blue
Beech Street
Bright Healthcare
Cigna
Coast2Coast Diagnostics
Concentra
CoreChoice
Carvel
Cypress Care
DOL
Employer's Choice Network
FedMed
First Health
Freedom Life Insurance
Galaxy Health Network
GEHA United Healthcare Choice Plus
GEHA United Healthcare Options PPO

GEHA United Healthcare Aetna
GENEX Services, Inc.
Green Imaging
Health Partners Cigna
Humana
IMO, Inc.
Imperial Insurance Company
Johnson & Associates, Inc.
Key Health Management
Med-Eval (Injury Care Services)
Med Chex
Medicaid
Medicare
Med Options
Med Solutions
MedStar Funding
Meritain Health
Midwest Medical HPO
MTI (MedComp USA)
MultiPlan
NPN
Occu Comp
One Call Medical
Optum Workers Comp
Oscar
PHCS (see MultiPlan)
Physicians Mutual Insurance

Preferred Care
Prime Health Services, Inc.
Provider Select, Inc.
Sendero Health Plans
Secure Horizons (UHC)
Sedgwick
Solidarity Healthshare
Superior Health Plan
Tech Health
Three Rivers
TLC Advantage
TriCare
UMR
United American
United Healthcare AARP
United Healthcare
United Healthcare Choice (Golden Rule)
United Healthcare One (Golden Rule)
United World Life
USA MCO
USA MCO Medicare Sup
USA MCO Workers Comp
US Imaging, Inc.
Well States Healthcare
Wellmed
Wellcare

Insurance List Updated October 2022

LEANDER

780 W Broade Street
Leander, TX 78641

GEORGETOWN

1502 Blue Ridge Dr Ste 103
Georgetown, TX 78626

KYLE

135 Bunton Creek Rd Ste 101
Kyle, TX 78640

KILLEEN

3800 South W.S. Young Ste #302
Killeen, TX 76542

CEDAR PARK

715 Discovery Blvd. Ste #102
Cedar Park, TX 78613

PARMER LANE

1212 West Parmer Ln Ste J
Austin, TX 78727

ROLLINGWOOD

2745 Bee Caves Rd Ste #102
Rollingwood, TX 78746

JAMES CASEY ST

4316 James Casey St Ste F-110
Austin, TX 78745

ONION CREEK

701 E. 1626
Austin, TX 78652

BASTROP

3101 Hwy 71 East Ste #108
Bastrop, TX 78602

MARBLE FALLS

1005 Falls Pkwy, Ste #103
Marble Falls, TX 78654

HUTTO

201 East Wilco Hwy Ste 103
Hutto, TX 78634

512-444-8900 • www.longhornimaging.com • Fax: 512-444-7244



Please Select Facility

LONGHORN IMAGING

* 12 convenient Austin locations. Please see back of page for map and complete listing.*

FAX: 512-444-7244 • PHONE: 512-444-8900 • EMAIL: referrals@longhornimaging.com

Patient Name _____ D.O.B. _____ Phone # _____ Gender _____

Insurance _____ Insurance ID# _____

(PRINT) Referring Dr: _____ Referring Office Contact: _____

Referring Office Phone: _____ Fax: _____ Email: _____

Please Print Legibly

Referring Physician Signature: _____

Ordered Date: _____

X

X

May modify exam at radiologists discretion if clinically indicated.

Scan as ordered.

DIAGNOSIS
OR ICD-10
CODE(S) _____

REASON
FOR
EXAM/NOTES _____

☐ STAT EXAM *medically necessary

☐ ASAP EXAM *will be treated as STAT unless superceded

STAT/ASAP RESULTS
(How would you like to receive?)

☐ CALL *you MUST provide a cell number or results will be faxed

☐ FAX

☐ PLEASE COMPARE TO PREVIOUS

PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

MRI	CT	ULTRASOUND	X-RAY																																																																																																																					
☐ 1.5T MRI ☐ Weight Bearing ☐ Without Contrast ☐ With Contrast If no contrast boxes are marked, the exam will be considered PRN/at the discretion of the radiologist. Head and Neck ☐ Brain ☐ Brain w/SWI ☐ IAC's ☐ Pituitary-Sella ☐ Orbits ☐ Soft Tissue Neck ☐ Other: _____ <table><tr><th>L</th><th>R</th><th>Extremities</th></tr><tr><td>☐</td><td>☐</td><td>Shoulder</td></tr><tr><td>☐</td><td>☐</td><td>Brachial Plexus</td></tr><tr><td>☐</td><td>☐</td><td>Humerus</td></tr><tr><td>☐</td><td>☐</td><td>Elbow</td></tr><tr><td>☐</td><td>☐</td><td>Forearm</td></tr><tr><td>☐</td><td>☐</td><td>Wrist</td></tr><tr><td>☐</td><td>☐</td><td>Hand: _____</td></tr><tr><td>☐</td><td>☐</td><td>Hip</td></tr><tr><td>☐</td><td>☐</td><td>Knee</td></tr><tr><td>☐</td><td>☐</td><td>Tib/Fib (lower leg)</td></tr><tr><td>☐</td><td>☐</td><td>Ankle</td></tr><tr><td>☐</td><td>☐</td><td>Hind Foot</td></tr><tr><td>☐</td><td>☐</td><td>Fore Foot</td></tr><tr><td>☐</td><td>☐</td><td>Femur</td></tr><tr><td>☐</td><td>☐</td><td>Other: _____</td></tr></table> Spine ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Pelvis ☐ Sacrum ☐ MRI ARTHROGRAM Specify: _____ ☐ MRA ☐ Head ☐ Neck ☐ Lower Extremity Runoff ☐ Renal ☐ Mesenteric	L	R	Extremities	☐	☐	Shoulder	☐	☐	Brachial Plexus	☐	☐	Humerus	☐	☐	Elbow	☐	☐	Forearm	☐	☐	Wrist	☐	☐	Hand: _____	☐	☐	Hip	☐	☐	Knee	☐	☐	Tib/Fib (lower leg)	☐	☐	Ankle	☐	☐	Hind Foot	☐	☐	Fore Foot	☐	☐	Femur	☐	☐	Other: _____	☐ CT ☐ CTA ☐ CT ARTHROGRAM ☐ Without Contrast ☐ With Contrast ☐ With & Without Contrast ☐ Oral Contrast * All Contrast Is Per Radiologist Protocol If no contrast boxes are marked, the exam will be considered PRN/at the discretion of the radiologist. Head and Neck ☐ Brain ☐ IAC's/Orbits/Sella ☐ Maxillofacial ☐ Sinus ☐ Soft Tissue Neck Chest ☐ Chest ☐ Heart (Calcium Scoring) ☐ Lung Cancer Screening Abdomen and Pelvis ☐ Abdomen ☐ Abdomen and Pelvis ☐ Pelvis Spine ☐ Cervical ☐ Thoracic ☐ Lumbar Extremities ☐ RT. ☐ LT. ☐ Lower Ext: _____Specify Extremity ☐ Upper Ext: _____Specify Extremity ☐ Lower Ext Runoff ☐ Upper Ext Runoff Bone Density ☐ CT Bone Density (Spine Only)	☐ Abdominal Limited _____ ☐ Abdominal Complete ☐ Aorta ☐ Aorta Doppler ☐ Arterial Doppler Lower Extremity: ☐ RT. ☐ LT. ☐ BILAT. ☐ Arterial Doppler Upper Extremity: ☐ RT. ☐ LT. ☐ BILAT. ☐ Carotid Doppler ☐ Bladder ☐ Obstetrical < 14 Weeks ☐ with transvaginal if needed ☐ Obstetrical > 14 Weeks ☐ Biophysical Profile ☐ Pelvic ☐ Pelvic and Transvaginal ☐ Transvaginal Only ☐ Renal ☐ Renal Doppler ☐ Soft Tissue: _____ ☐ Thyroid/Head/Neck ☐ Testicular ☐ Testicular Doppler ☐ for mass or torsion ☐ Venous Doppler Lower Extremity: ☐ RT. ☐ LT. ☐ BILAT. ☐ Venous Doppler Upper Extremity: ☐ RT. ☐ LT. ☐ BILAT. ☐ Other: _____	Spine ☐ Cervical ☐ 2V or 3V ☐ Complete ☐ Complete+Flex/Ext ☐ Thoracic 2V ☐ Lumbar ☐ 2V or 3V ☐ Complete ☐ Complete+Flex/Ext ☐ Sacrum/Coccyx ☐ Thoracolumbar ☐ Other: _____ Skeletal <table><tr><th></th><th>L</th><th>R</th></tr><tr><td>☐ Finger</td><td>☐</td><td>☐</td></tr><tr><td>☐ Hand</td><td>☐</td><td>☐</td></tr><tr><td>☐ Wrist</td><td>☐</td><td>☐</td></tr><tr><td>☐ Forearm</td><td>☐</td><td>☐</td></tr><tr><td>☐ Elbow</td><td>☐</td><td>☐</td></tr><tr><td>☐ Humerus</td><td>☐</td><td>☐</td></tr><tr><td>☐ Shoulder</td><td>☐</td><td>☐</td></tr><tr><td>☐ A-C Joints</td><td>☐</td><td>☐</td></tr><tr><td>☐ Clavicle</td><td>☐</td><td>☐</td></tr><tr><td>☐ Ribs</td><td>☐</td><td>☐</td></tr><tr><td>☐ Hip</td><td>☐</td><td>☐</td></tr><tr><td>☐ Femur</td><td>☐</td><td>☐</td></tr><tr><td>☐ Knee</td><td>☐</td><td>☐</td></tr><tr><td>☐ Tib/Fib</td><td>☐</td><td>☐</td></tr><tr><td>☐ Ankle</td><td>☐</td><td>☐</td></tr><tr><td>☐ Heel</td><td>☐</td><td>☐</td></tr><tr><td>☐ Foot</td><td>☐</td><td>☐</td></tr><tr><td>☐ Toe</td><td>☐</td><td>☐</td></tr><tr><td>☐ SI Joints</td><td>☐</td><td>☐</td></tr><tr><td>☐ Sternum</td><td></td><td></td></tr><tr><td>☐ Pelvis</td><td></td><td></td></tr><tr><td>☐ Other</td><td></td><td></td></tr></table> Chest and Abdomen ☐ 2-View Chest ☐ 1-View Abdomen (KUB) ☐ Abdomen Complete ☐ Abdomen Series (PA Chest + Upright/Supine Abdomen) ☐ Other: _____ ☐ VMA ☐ C-Spine ☐ L-Spine ☐ C&L Spine		L	R	☐ Finger	☐	☐	☐ Hand	☐	☐	☐ Wrist	☐	☐	☐ Forearm	☐	☐	☐ Elbow	☐	☐	☐ Humerus	☐	☐	☐ Shoulder	☐	☐	☐ A-C Joints	☐	☐	☐ Clavicle	☐	☐	☐ Ribs	☐	☐	☐ Hip	☐	☐	☐ Femur	☐	☐	☐ Knee	☐	☐	☐ Tib/Fib	☐	☐	☐ Ankle	☐	☐	☐ Heel	☐	☐	☐ Foot	☐	☐	☐ Toe	☐	☐	☐ SI Joints	☐	☐	☐ Sternum			☐ Pelvis			☐ Other		
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FULL BODY IMAGING - Early Cancer Detection in Under 2 Hours

☐ Longhorn 360

Includes:
MRI Brain
MRI Soft Tissue Neck
MRI Entire Spine
MRI Abdomen
MRI Female Pelvis or
Male Pelvis w/Prostate

☐ Longhorn 360+

Includes:
MRI Brain
MRA Head
MRI Soft Tissue Neck
MRA Neck
MRI Entire Spine
MRI Abdomen
MRI Female Pelvis or
Male Pelvis w/Prostate
CT Low Dose Lung Screening
CT Calcium Score

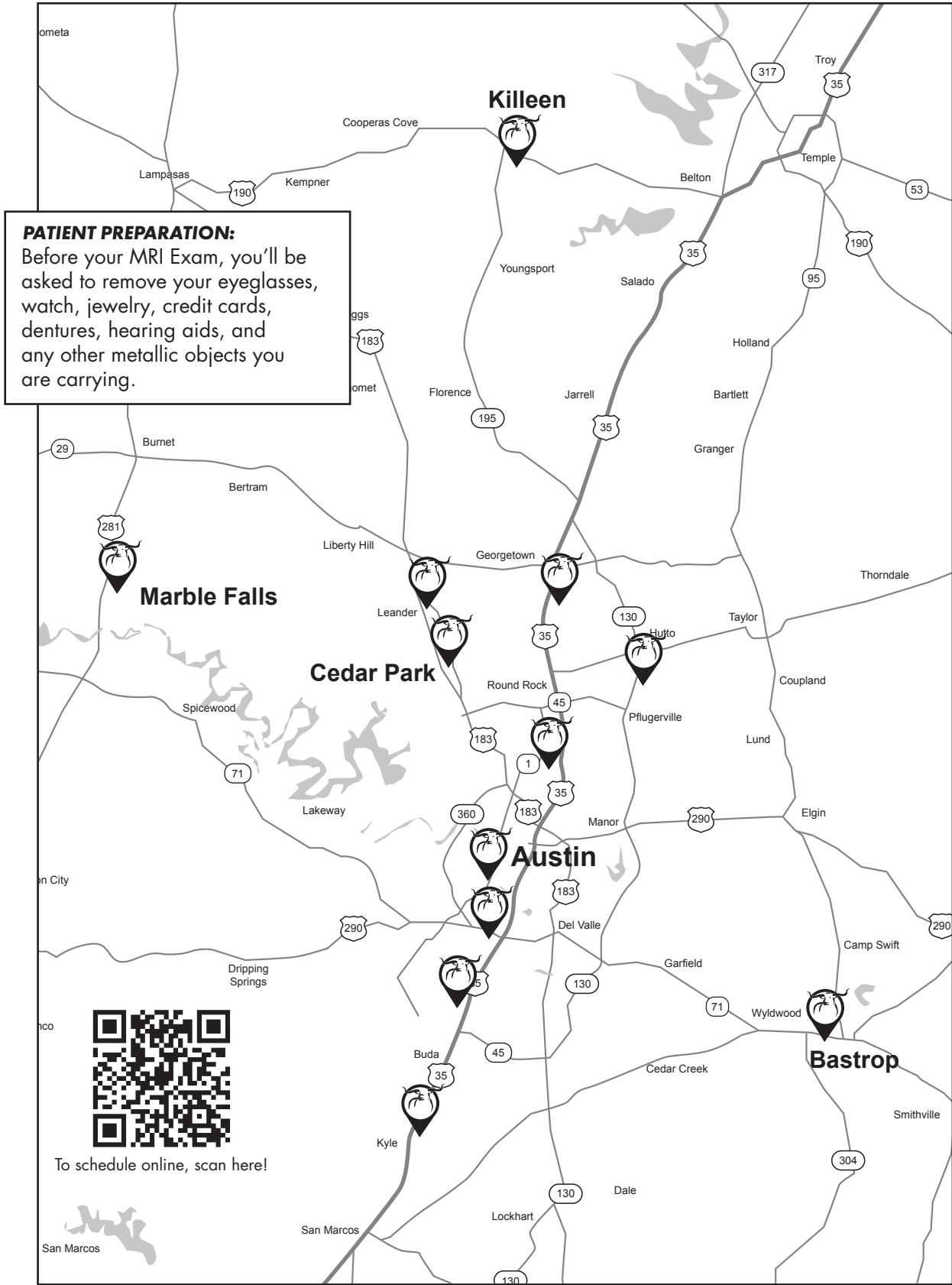
Add Ons:

☐ NeuroQuant Seizure
☐ NeuroQuant MS
☐ NeuroQuant MS Plus
☐ NeuroQuant Alzheimer's
☐ NeuroQuant Dementia
☐ NeuroQuant Alzheimer's + Dementia
☐ NeuroQuant Alzheimer's + Dementia + Seizure
☐ NeuroQuant Prostate



Fax: 512-444-7244

PLEASE ARRIVE 30 minutes prior to your scheduled time. If for any reason you need to reschedule or cancel your appointment, you must call as soon as possible.



780 W Broade Street
Leander, TX 76541

3800 South W.S. Young Ste #302
Killeen, TX 76542

201 East Wilco Hwy Ste 103
Hutto, TX 78634

715 Discovery Blvd. Ste #102
Cedar Park, TX 78613

1212 West Parmer Ln Ste J
Austin, TX 78727

2745 Bee Caves Rd Ste #102
Rollingwood, TX 78746

4316 James Casey St Ste F-110
Austin, TX 78745

701 E. 1626
Austin, TX 78652

3101 Hwy 71 East Ste #108
Bastrop, TX 78602

1005 Falls Pkwy, Ste #103
Marble Falls, TX 78654

1502 Blue Ridge Dr, Ste #103
Georgetown, TX 78626

135 Bunton Creek Rd Ste 101
Kyle, TX 78640

PRECAUTIONS: It is **VERY IMPORTANT** to tell the technician if you have, or think you have anything metallic in your body, which could be attracted by the magnet. These objects include metal plates, surgical clips, joint or bone pins, bullet fragments, shrapnel or BB shots. Please bring previous X-ray, CAT scans and MRI's concerning today's test. ***Notify the technician if you are pregnant or think you might be pregnant.***