



Medical Testing and Imaging Centers

1. Name of Facility _____

2. Gross Receipts by Category:

Cytology _____ Imaging _____ Drug Testing _____ All Other _____

3. **Number of Treatments/Procedures**

	Last Year	Prior Year
Cytology		
Imaging		
Drug Testing		
Nuclear Medicine		
Stress Testing		
All Other		

Staffing Roster

<u>Employees/ Contracted Services</u>	<u>Number of Employees/C ontractors</u>	<u>Est. Hours Worked</u> *TOTAL FOR ALL	<u>Est. Annual Payroll</u>
Administrators			
Clerical			
Medical Lab Tech			
Nurses - Other than Staffing			
Nurses - Temporary Staffing			
Nurses Aides/Home Health Aides/Homemakers			
Physician/Physician Assistant			
Volunteers			
All Others (Describe)			

4. Please indicate if the following policies and procedures are established and adhered to by all staff, including contractors and volunteers. Please explain in an attachment any "Yes" answers.

If yes to any of the following, please attach explanation including number of tests/procedures and gross receipts:

- a. Test result interpretation in lab's name: Yes No
- b. Consultation in lab's name: Yes No
- c. Therapy or any treatment procedures: Yes No
- d. Blood banking or blood storage: Yes No
- e. Intravenous transfusions: Yes No
- f. Procurement of blood or its components: Yes No
- g. Plasmapheresis procedures: Yes No
- h. Medical, genetic or drug research: Yes No
- i. Any type of environmental analysis: Yes No
- j. Manufacturing, dispensing or testing of pharmaceuticals: Yes No
- k. Manufacture or sell laboratory equipment or supplies: Yes No
- l. Experimental or research in nature: Yes No
- m. Solely mobile in nature: Yes No
- n. Any services to the public (health fairs, shopping mail exhibits, etc.): Yes No
- o. AIDS or HIV testing: Yes No

IF YES, ANNUAL RECEIPTS EXPECTED IN-HOUSE: \$ _____
 ANNUAL RECEIPTS EXPECTED REFERENCE LAB: \$ _____

Complete the appropriate EKG, X-Ray, Cytology or Drug Testing questionnaires. If these are not applicable, please so indicate.

DRUG TESTING QUESTIONNAIRE

- 1. What are the expected receipts from drug testing? _____
- 2. Does applicant perform a second test if the first test is positive? Yes No
- 3. Does applicant or its client obtain the written consent of all people to be tested? Yes No
- 4. Do physicians review test results? Yes No
- 5. Briefly describe the test handling process (specimen collection, transportation, testing, reporting).

CYTOLOGY QUESTIONNAIRE

1. Is all cytology work done per a physician's request? Yes No
2. Who reviews the tests? _____
3. Are the tests results sent to the treating physician for review? Yes No
4. Are abnormal, and 10% of normal, reviewed? Yes No
5. What are the expected receipts from cytology work? _____
6. Are technicians compensated on a per slide basis? Yes No

EKG QUESTIONNAIRE

1. Are all EKG tests performed per a physician's request? Yes No
2. Who interprets the EKG's? _____
3. Are they sent to the physician for review? Yes No
4. Are the tapes condensed by computer before being interpreted? Yes No
5. How is the EKG equipment maintained?

6. How often is it serviced?

7. Are portable holster monitors used? Yes No
8. What are the expected receipts from EKG work? _____

X-RAY QUESTIONNAIRE

1. What testing substances are ingested or injected into the patient? _____

2. Is there a likelihood of adverse reaction to the substances? Yes No

3. What emergency medical procedures have you established in the event of such reactions?

Explain: _____

4. Please describe the system of delivery and disposal of radio-ucldides.

Explain: _____

5. Indicate the frequency of testing of air and water discharge from the facility to ascertain local, state and federal standards of compliance.

Explain: _____

6. What are the qualifications and training of personnel? _____

7. Please describe control and maintenance of equipment _____

8. How are your x-ray records maintained? _____

9. Are the x-rays done per a physician's request? Yes No

10. Who performs the x-rays? _____

11. Who reports the interpretation of the x-ray? _____

12. Are the actual x-rays sent to the requesting physician, or just the report?

13. Are the x-rays sent out under the name of the laboratory? Yes No

Or, under the name of the radiologist? Yes No

14. How is the x-ray equipment maintained? _____

15. How often is it serviced? _____

16. What are the expected receipts for x-ray work? _____

I **DECLARE** that the information contained in this supplement is true and that no material facts have been suppressed or misstated.

I **UNDERSTAND** that an incorrect or incomplete response could void my coverage.

Signature of Applicant

Date