

RETURN TO:
 ADMINISTRATIVE SERVICES ONLY, INC.
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 www.asonet.com



ASSISTANT DEPUTY WARDENS DEPUTY WARDENS ASSOCIATION



ACTIVE RETIREE
INNER IMAGING BENEFIT CLAIM FORM
MEMBER ONLY BENEFIT

MEMBER/EMPLOYEE INFORMATION

Member Name		Birth date	Social Security#	
Street Address	City	State	Zip	Telephone# ()
Member's School or Work Location		Work Telephone#		

SPOUSE INFORMATION

Spouse's Name (Print)	Birth date	Social Security #	Is spouse covered by another Benefits Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name, Address, Telephone # of Spouses Employer		Name of Benefit Plan	
ARE ANY OTHER BENEFITS AVAILABLE FOR THIS PATIENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		IS THIS AN HMO PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PROVIDER INFORMATION

Provider's Name (Print) INNER IMAGING		www.innerimaging.com		Telephone# (212) 991 - 5445
Street Address 307 EAST 63rd STREET	City NEW YORK	State NY	Zip Code 10065	
WAS THE EXAMINATION REQUIRED BY: AN EMPLOYER AS A CONDITION OF EMPLOYMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>		BY A GOVERNMENT BODY? Yes <input type="checkbox"/> No <input type="checkbox"/>		

THIS CLAIM FORM MAY BE USED FOR THE FOLLOWING INNER IMAGING BENEFITS:

PLEASE CHECK:

- HEART & LUNG SCREENING
- HEART - LUNG - ABDOMEN - PELVIS (FULL BODY)
- VIRTUAL COLONOGRAPHY (VC)
- HEART - LUNG - ABDOMEN - PELVIS - VIRTUAL COLONOGRAPHY
- NUCLEAR STRESS TESTING

THE FUND PROVIDES A \$200 BENEFIT FOR ANY OF THE ABOVE TESTS. THIS BENEFIT IS LIMITED TO ONCE EVERY FIVE YEARS FOR ANY OF THE ABOVE NAMED TESTS, AND IS ONLY REIMBURSABLE FOR THE MEMBERS TESTING. BENEFITS ARE PAID DIRECTLY TO INNER IMAGING. PLEASE ATTACH A COPY OF THE BILL FROM INNER IMAGING WITH THE PATIENT NAME AND DATE OF SERVICE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR FUND, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any insurance company, prepayment organization, hospital, physician, or The Board of Trustees of the Assistant Deputy Wardens Deputy Wardens Association or its designated agent to release all information with respect to myself or any of my dependents which may have a bearing on the benefits payable under this or any other plan providing benefits or services. A photocopy of this authorization, when duly executed, shall serve in the same capacity as the original. I certify that the information submitted by me in support of this claim is true and correct. Authorization must be signed or payment will not be made.

Signed (Member) _____ Date _____
SIGNATURE ON FILE IS NOT ACCEPTABLE

ASSIGNMENT OF BENEFITS: *I hereby authorize payment of the benefits directly to the above named vendor. I understand I am financially responsible to the vendor for charges not covered by this authorization.*

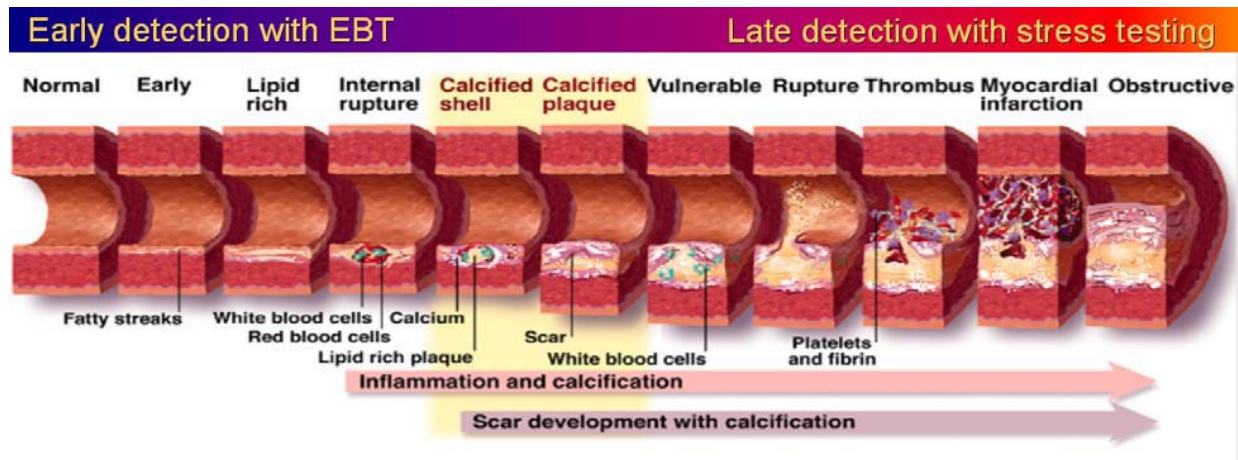
Signed (Member) _____ Date _____
SIGNATURE ON FILE IS NOT ACCEPTABLE

INNER IMAGING/ BODY SCAN BENEFIT

BENEFITS: Covers full body scanning to detect diseases of the heart, lungs, etc., in the early stages. All Active Members and their spouses/domestic partners receive a \$300.00 benefit payment towards any of the tests specified below.

The Inner Imaging/Body Scan Benefit is limited to one exam every five years, unless it is determined that the Active Member or their spouse/domestic partner requires more extensive testing and analysis.

WHAT IS INNER IMAGING: Inner Imaging offers advanced cardiac imaging called Electron Beam Tomography (EBT). Recognized as the Gold Standard in Heart Scanning, EBT is clinically proven to detect coronary artery disease (plaque) long before symptoms occur when it is preventable.



WHAT IS THE BEST ALTERNATIVE? EBT: Heart Scanning with Electron Beam Tomography (EBT) can see coronary artery disease (plaque) as much as fifteen years before symptoms occur with an accuracy (sensitivity) of between 98-99%. It can catch it early.

WHY THIS TEST?: Coronary Artery Disease (CAD) Facts

- 1,600,000 people will suffer a heart attack this year.
- For 500,000 people the first symptom of heart disease is death.
- One person per minute will die from a heart attack.
- Majority of heart attacks occur in people with normal cholesterol levels.
- 68% of heart attacks occur in arteries that are less than 50% blocked.
- 56% of those who pass their stress test have advanced coronary artery disease that will go undetected.
- Uniformed Correction Personnel are more likely to develop Heart and Lung disease due to occupational conditions.

WHO SHOULD HAVE THE TEST?: Generally, men over 35, and women over 45. Those with one or more risk factors should consider the Heart Scan.

NOTE: Stress testing detects advanced disease, when the artery is already blocked. The EBT Heart Scan can detect disease early when it is treatable, greatly reducing your risk of a heart attack.

HEART SCAN RESULTS: The results of this quick and easy Heart Scan provide you and your doctor with information that could save your life.

- True cardiac risk assessment
- Early detection of coronary plaque
- Determination of drug treatments
- Evaluate effectiveness of therapy

RISK FACTORS FOR CAD

- Family History of CAD
- Diabetes
- High Cholesterol
- High Blood Pressure
- Smoking History
- Lack of Exercise
- Obesity
- Stress

RADIATION: The dosage for the EBT Heart Scan is 0.5 millisieverts. This equals 2 months of radiation from the sun or 5 chest X-Rays or 8 round trip flights to California. EBT is 8 to 22 times less radiant than a conventional CAT scan (64 Slice).

AMERICAN HEART ASSOCIATION 2007: Inner Imaging is the only center in New York to provide you with EBT Technology. Recognized by the American Heart Association, the EBT Heart Scan is the most sensitive non-invasive test proven to assess your true risk of future heart attack.

THE SAINT FRANCIS HEART STUDY: Published in the Journal of the American College of Cardiology July 2005, establishes the prognostic accuracy of EBT to greatly out-weigh that of the Framingham risk factor analysis. This landmark study is the largest randomized, population-based clinical study to date and involves more than 4,000 people representative of the American population.

LIMITATIONS: This \$300.00 benefit is limited to one (1) exam every five (5) years, unless it is determined that the Member requires more extensive analysis or review. The tests must be done at an Inner Imaging facility. This benefit is limited to the Member and their spouse/registered domestic partner, only.

The advanced screening tests include:

- Heart Scan
- Lung Scan
- Full Body Scan
- Virtual Colonography
- Non-invasive EB Angiography
- Nuclear Stress Testing

The cost of the exams are as follows:

EXAM	MEMBER FEE	ADWDWA BENEFIT	TOTAL COST
Heart & Lung Screening	\$50.00	\$300.00	\$350.00
Heart – Lung – Abdomen – Pelvis (Full Body)	\$75.00	\$300.00	\$375.00
Virtual Colonography (VC)	\$125.00	\$300.00	\$425.00
Nuclear Stress Testing (A medical insurance covered test)	\$15.00 (copay)	\$0.00	\$15.00

LOCATION OF EXAM OFFICE:

Inner Imaging

307 East 63rd Street
 New York, NY 10065

212-991-5445 Phone

212-991-5450 Fax

HOW TO FILE A CLAIM: After the Active Member has a Body Scan done at Inner Imaging, the Member must complete all items (Member Information, Spouse/Domestic Partner Information, Authorization to Release Information and Assignment of Benefits) of the Inner Imaging Benefit Claim Form. Completed claim forms, must be accompanied by a copy of the paid bill from Inner Imaging with the patients name and the date of service.