



PREMIER MEDICAL GROUP, INC.  
(800) 998-9777 • Fax: (800) 265-2544

## SCHEDULING FORM PROTOCOL

*Professional / Technical Billing (Technician / Equipment Lease)*

- ❖ Please complete the following Scheduling Form
- ❖ Have it available for the Technician on the day of testing
- ❖ A Physician Must be on the premises during Testing

*Please refer to the following requirements when scheduling:*

### Individual Tests

- Nerve study- Upper or Lower Series: 45 minutes
- Nerve study – Full Series: 1 hour
  
- \*EMG/Nerve Study – Upper or Lower Series: 1 hour
- \*EMG/Nerve Study – Full Series: 1 ½ hours  
\* Only Available in certain States
  
- **Ultrasound**
  - Spinal (Upper, Lower, or Full Series): 15 minutes
  - Spinal (Full Series): 30 minutes
  - Extremity (Foot / Ankle): 15 minutes per extremity

### Combined Tests

- Nerve study (Upper or Lower Series) and **Ultrasound**: 1 hour
- Nerve study (Full Series) and **Ultrasound**: 1 ½ hours
  
- EMG/Nerve Study (Upper or Lower Series) and **Ultrasound**: 1 ½ hours
- EMG/Nerve Study (Full Series) and **Ultrasound**: 2 hours

Lunch during the natural break of the day 1 hour



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## SCHEDULING FORM PROTOCOL

*Personal Services Program (Hourly Compensation)*

- ❖ Please complete the following Scheduling Form
- ❖ Have it available for the Technician on the day of testing
- ❖ A Trained Physician Must be on the premises during Testing
- ❖ The **Total Allotted Time** includes the **Consultation Time**
- ❖ **Please note that EMG and Vascular Studies are only available in certain States**

Consultation with the Technician should include the following:

- ✓ Review history and clinical summary of Patient's past and present conditions.
- ✓ Be available to the technician during testing to evaluate patient's finding and indications
- ✓ Review testing data with technician to discuss preliminary findings
- ✓ Provide such other duties related to the diagnostics as are reasonably requested from time to time

*Please refer to the following requirements when scheduling:*

Tests Ordered

Total Time Allotment (includes Consult time)

- |   |                   |
|---|-------------------|
| • Nerve study (Upper <u>or</u> Lower) <u>Only</u> :             | 1 hour 15 minutes |
| • Nerve study (Full Series) <u>Only</u> :                       | 1 hour 30 minutes |
| • EMG / Nerve study (Upper <u>or</u> Lower) <u>Only</u> :       | 1 hour 30 minutes |
| • EMG / Nerve study (Full Series) <u>Only</u> :                 | 2 hours           |
| • Spinal Ultrasound study (Upper <u>or</u> Lower) <u>Only</u> : | 30 minutes        |
| • Spinal Ultrasound study (Full Series) <u>Only</u> :           | 45 minutes        |

Nerve Study with Spinal Ultrasound

- |   |                   |
|---|-------------------|
| • Nerve study (Upper <u>or</u> Lower) and Ultrasound (Upper <u>or</u> Lower): | 1 hour 30 minutes |
| • Nerve study (Full Series) and Ultrasound (Upper <u>or</u> Lower):           | 1 hour 45 minutes |
| • Nerve study (Upper <u>or</u> Lower) and Ultrasound (Full Series):           | 1 hour 45 minutes |
| • Nerve study (Full Series) and Ultrasound (Full Series):                     | 2 hours           |

EMG/Nerve Study with Spinal Ultrasound

- |   |                    |
|---|--------------------|
| • EMG / Nerve study (Upper <u>or</u> Lower) and Ultrasound (Upper <u>or</u> Lower): | 1 hour 45 minutes  |
| • EMG / Nerve study (Full Series) and Ultrasound (Upper <u>or</u> Lower):           | 2 hours 15 minutes |
| • EMG / Nerve study (Upper <u>or</u> Lower) and Ultrasound (Full Series):           | 2 hours            |
| • EMG / Nerve study (Full Series) and Ultrasound (Full Series):                     | 2 hours 30 minutes |

Lunch during the natural break of the day

1 hour

