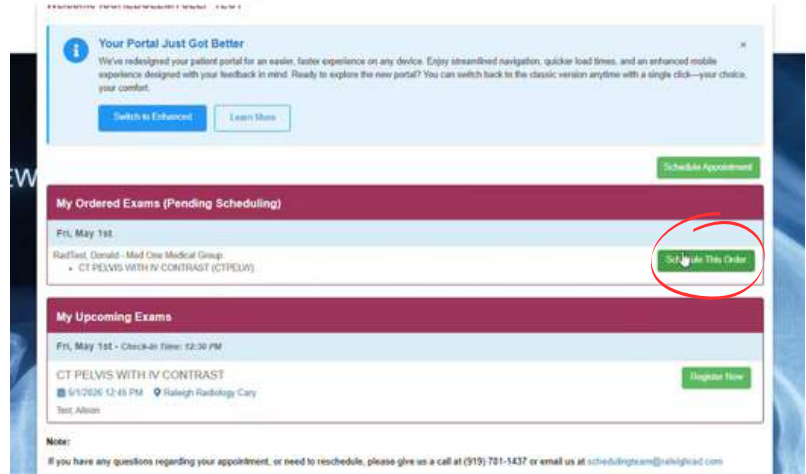
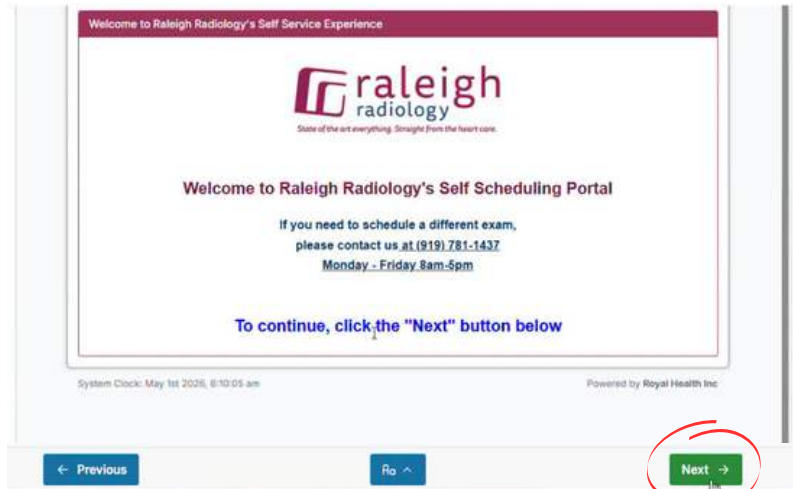


# Self-Scheduling Instructions

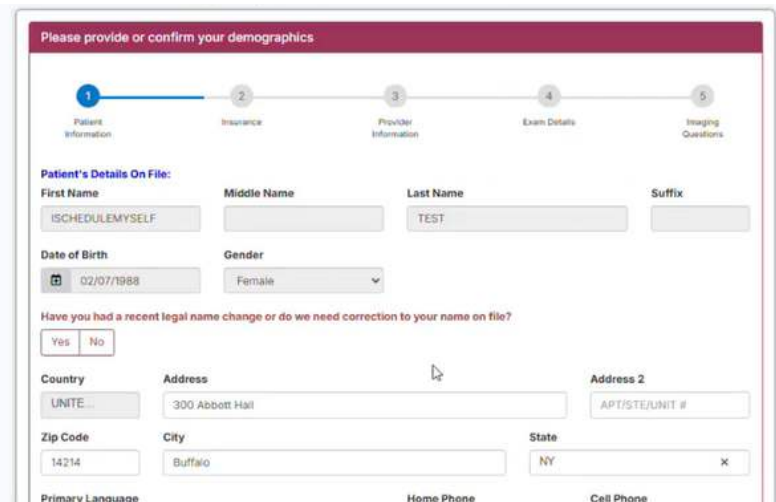
1. Once your order has been entered, you will receive an email and text message with a link to complete your self-scheduling. Click the link provided, which will take you to the scheduling webpage. From there, select “Schedule This Order” to choose your appointment time.



2. Click “Next”



3. Review and confirm your patient information. If you need to make any updates, you will be prompted to upload a valid form of identification. Once all information is correct, click “Next” to continue.



4. Select your payment method. This may be pre-filled by our Order Entry Team.

Please provide or confirm how you would like to pay

1 Patient Information 2 Insurance 3 Provider Information 4 Exam Details 5 Imaging Questions

Select billing method for this visit:  
Self Pay Insurance Work Comp Motor Vehicle Accident Research Study No Charge

Select Self Pay Plan:  
Select Self Pay Plan:  
SELF PAY Other

Guarantor Details  
Is the patient also the guarantor?  
Yes No

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5. Select your insurance information. This may be pre-filled by our Order Entry Team.

Please provide or confirm how you would like to pay

1 Patient Information 2 Insurance 3 Provider Information 4 Exam Details 5 Imaging Questions

Select billing method for this visit:  
Self Pay Insurance Work Comp Motor Vehicle Accident Research Study No Charge

Primary Insurance Information  
Select Insurance Plan:  
Plan Not Found

T199SEIU BENEFIT FUND  
330 WEST 42 STREET, NEW YORK, NY 10036  
W (800) 227-9360  
Other

T199SEIU BENEFIT FUNDS  
330 WEST 42ND ST, NEW YORK, NY 27616  
W (888) 819-1199  
Other

21ST CENTURY HEALTH & BENEFITS INC  
Other

6. If applicable, add information for Motor Vehicle Accidents.

Please provide or confirm how you would like to pay

1 Patient Information 2 Insurance 3 Provider Information 4 Exam Details 5 Imaging Questions

Select billing method for this visit:  
Self Pay Insurance Work Comp Motor Vehicle Accident Research Study No Charge

Motor Vehicle Accident Information  
Select Liability Insurance Plan Plan Not Found Claim Number Date of Accident  
Adjuster's Name Adjuster's Phone # & Contact Info Adjuster's Email Address

Guarantor Details  
Is the patient also the guarantor?  
Yes No

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7. If applicable, add information for Worker's Compensation.

Please provide or confirm how you would like to pay

1 Patient Information 2 Insurance 3 Provider Information 4 Exam Details 5 Imaging Questions

Select billing method for this visit:  
Self Pay Insurance Work Comp Motor Vehicle Accident Research Study No Charge

Work Comp Information  
Select Liability Insurance Plan Plan Not Found Claim Number Date of Injury  
Adjuster's Name Adjuster's Phone # & Contact Info Adjuster's Email Address

Guarantor Details  
Is the patient also the guarantor?  
Yes No

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8. Select your referring provider.

Please provide or confirm your referring provider and would you like to send a copy elsewhere?

1 Patient Information 2 Insurance 3 Provider Information 4 Exam Details 5 Imaging Questions

Select Referring Provider

RadTest, Donald 35935  
Med One Medical Group 12345  
E: 35935@local.ratejrad.com

CC Exam Results to:

Select CC: Provider(s):   Provider Not Found

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9. Review and update your secondary provider information if needed. You can search for your provider by name, or manually enter their information if you are unable to find them in the search results.

ADAMS, JOHN 10530  
4420 LAKE BOGUE TRAIL, Raleigh, NC 27607  
W: (919) 784-7394 E: (919) 784-7394 E: 10530@rhl.com

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10. Review and confirm your order information.

Please provide or confirm your exam(s) and indicate the reason for them

1 Patient Information 2 Insurance 3 Provider Information 4 Exam Details 5 Imaging Questions

Exam Code(s) will be automatically selected:

CT PELVIS WITH IV CONTRAST (CTPELW)  
72193 - Ct pelvis w/ibye

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11. Complete screening questions and prior imaging questions if applicable.

Patient Clinical History & Screening Questions

1 Patient Information 2 Insurance 3 Provider Information 4 Exam Details 5 Imaging Questions

Are you in a wheelchair?  
Yes No

Are you diabetic?  
Yes No

Current Allergy Information

Do you have any allergies to medications or food?  
Yes No Not Sure

Have you ever been injected with CT IV contrast, also called "X-Ray dye"?  
Yes No

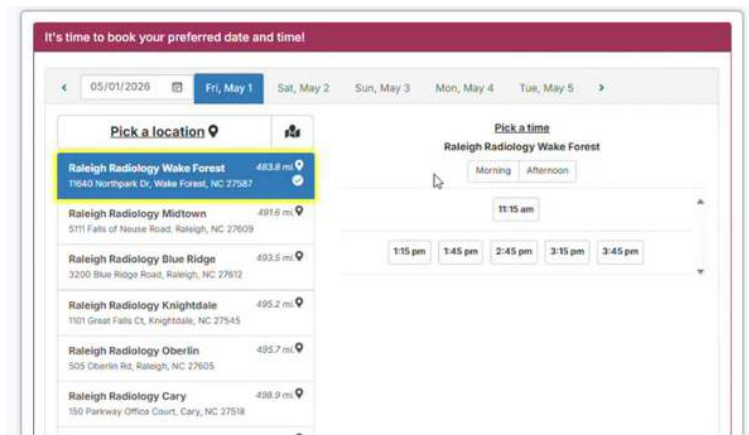
Related Prior Imaging

Have you had prior imaging on the body part being examined?  
Yes No

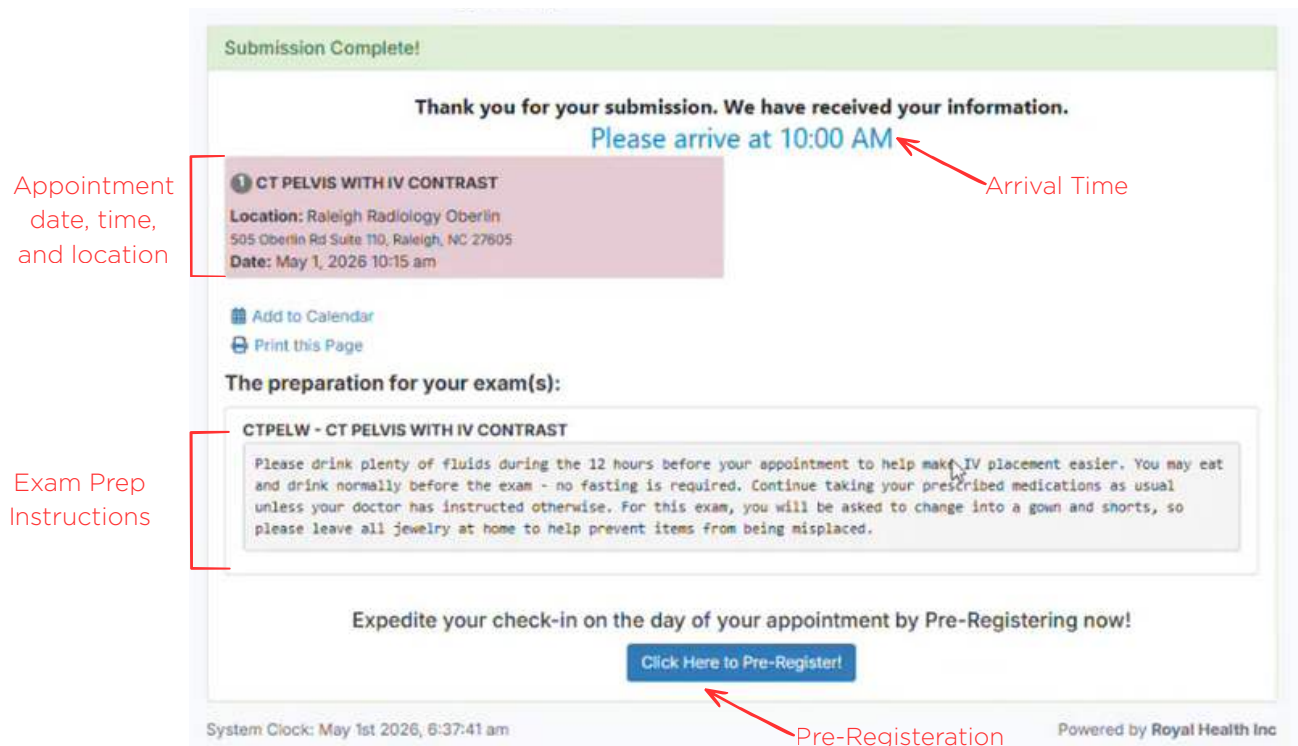
System Clock: May 1st 2026, 6:23:07 am Powered by Royal Health Inc



12. Select a location and appointment time that works best for you. Available options will be based on your address and whether the selected service is offered at that location. Once selected, click next at the bottom of the page.



13. After submitting your appointment request, you will receive a confirmation message along with any preparation instructions for your exam. You may also have the option to complete pre-registration before checking in for your appointment.



Additional questions about self-scheduling? Please reach out to [SchedulingTeam@RaleighRad.com](mailto:SchedulingTeam@RaleighRad.com).

