

FACILITY INFORMATION

Facility Name: APEX OPEN MRI

National Provider Identifier(NPI): 1164137295

Address: 1620 MCCLELLAND AVE

City/State/Zip Code: Laredo, TX 78040

Business Telephone Number: 9564772739

Reason for Visit: Initial Enrollment

1. AUTHORIZED REPRESENTATIVE OR INTERVIEWEE

Name of Authorized Representative(s) or Interviewee(s) 1

Alma Martinez, Administrator

Name of Authorized Representative(s) or Interviewee(s) 2

Mario Martinez, Technician

Name of Authorized Representative(s) or Interviewee(s) 3

Mario Martinez, Jr., Administrator

Name of Authorized Representative(s) or Interviewee(s) 4

2. VISIT DATES

Date of First Visit

12/07/2023



Time of First Visit

02:45 PM

Date of Second Visit



Time of Second Visit

3. FACILITY INSPECTION**A. PERFORMANCE STANDARD #3**

Performance standard #3 requires IDTFs to maintain a physical facility on an appropriate site.
(Photograph Required)

Office Suite-Mall

- ☐ Yes
☒ No

Private Residence

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

1. Is the ITDF located on an appropriate site?

- ☒ Yes
☐ No

2. Is the IDTF handicap accessible?

- ☒ Yes
☐ No

3. Were there patients in the facility during the inspection?

- ☒ Yes
☐ No

4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and storage of business and medical records?

- ☒ Yes
☐ No
☐ N/A

Office Suite-Office Building

- ☒ Yes
☐ No

Warehouse

- ☐ Yes
☒ No

If "Other", Please Describe

If "No", Please Describe

If "No", Please Describe

If "No", Please Describe

If "No", Please Describe

5. If this IDTF is a mobile facility, does the mobile unit have access to facilities for hand washing, adequate patient privacy accommodations, and a home office location for the storage of business and medical records?

- ☐ Yes
- ☐ No
- ☒ N/A

If "No", Please Describe

B. PERFORMANCE STANDARD #4

Performance standard #4 requires IDTFs to have all applicable diagnostic testing equipment available at the physical site (excluding portable diagnostic testing equipment).

1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?

- ☐ Yes
- ☐ No
- ☒ N/A

If "No", Please Describe

2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?

- ☐ Yes
- ☐ No
- ☒ N/A

If "No", Please Describe

3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?

- ☒ Yes
- ☐ No

If "No", Please Describe

4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?

- ☐ Yes
- ☒ No

If "No", Please Describe

The machine is brand new and no updates have come out yet.

C. PERFORMANCE STANDARD #5

Performance standard #5 requires IDTFs to maintain a primary business phone under the name of the business.

1. Is the business telephone located at the IDTF or within the home office for the mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?

- ☒ Yes
☐ No

If "No", Please Describe

D. PERFORMANCE STANDARD #6

Performance standard #6 requires IDTFs to have comprehensive liability insurance in the amount \$300,000 per facility.

1. Did the IDTF provide proof of insurance upon request?

- ☒ Yes
☐ No

If "No", Please Describe

E. PERFORMANCE STANDARD #7

Performance standard #7 states that IDTFs must agree not to directly solicit patients; this includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts.

How does the IDTF solicit new business?

Describe:

The provider relies on physician, facility and client referrals for new business. They also have a social media presence.

F. PERFORMANCE STANDARD #8

Performance standard #8 requires IDTFs to maintain a protocol regarding beneficiaries' complaints.

1. Does the supplier have a written complaint resolution procedure established?

- ☒ Yes
☐ No

If "No", Please Describe

G. PERFORMANCE STANDARD #9

Performance standard #9 requires IDTFs to post these standards for beneficiary review.

1. Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

H. PERFORMANCE STANDARD #11

Performance standard #11 requires IDTFs to have their diagnostic equipment calibrated and maintained per manufacturer's equipment instructions and in compliance with applicable manufacturer's suggested maintenance and calibration standards.

1. Does the IDTF have proof that diagnostic equipment has been calibrated and maintained per equipment instructions in accordance with manufacturer's instructions?

- ☒ Yes
☐ No

If "No", Please Describe

2. Did the IDTF provide a copy of the maintenance log upon request?

- ☐ Yes
☒ No

If "No", Please Describe

The provider stated that the MRI is brand new and its first quarterly maintenance report has not been performed. This information will be available to the MAC upon request.

I. PERFORMANCE STANDARD #12

Performance standard #12 requires IDTFs to have technical staff on duty with the appropriate credentials to perform the tests.

1. Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?

- ☒ Yes
☐ No

If "No", Please Describe

2. Can technical staff identify the supervising physician(s)?

- ☒ Yes
☐ No

If "Yes", list name(s) of supervising physician(s) that was provided by the technician.

If "No", Please Describe

Notes

Dr Michael B. Jones, MD

3. Is the supervising physicians(s) on site?

- ☐ Yes
☒ No

If "No", Please Describe

The physician is not on location but is available via telephone or video at any time he is needed.

4. Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?

- ☐ Yes
☒ No

If "No", Please Describe

At the time of the inspection, this was not available. Provider stated they would submit this to the MAC upon request.

5. Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?

- ☐ Yes
☒ No

If "No", Please Describe

At the time of the inspection, this was not available. Provider stated they would submit this to the MAC upon request.

J. PERFORMANCE STANDARD #13

Performance standard #13 requires IDTFs to have proper medical record storage and be able to retrieve medical records upon request within 2 business days.

1. Can the IDTF retrieve medical records within 2 business days

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the IDTF have proper medical records storage?

- ☒ Yes
☐ No

If "No", Please Describe

3. How are the records stored?

On-site

- ☒ Yes
☐ No

Electronically

- ☒ Yes
☐ No

Storage Facility

- ☐ Yes
☒ No

Other

- ☒ Yes
☐ No

If "Other", Please Describe

Some diagnostic data is stored on CD for the patient to take with them.

K. PERFORMANCE STANDARD #14

Performance standard #14 requires IDTFs to permit CMS or it's Contractors to conduct unannounced on-site inspections to confirm the IDTF's compliance.

1. Is the IDTF accessible during regular business hours?

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the facility maintain posted hours of operation?

- ☒ Yes
☐ No

If "Yes", list hours of operation below:

Monday - Time Open

8:00 AM

Monday - Time Close

5:00 PM

Monday - Appointment Needed

No

Tuesday - Time Open

8:00 AM

Tuesday - Time Close

5:00 PM

Tuesday - Appointment Needed

No

Wednesday - Time Open

8:00 AM

Wednesday - Time Close

5:00 PM

Wednesday - Appointment Needed

No

Thursday - Time Open

8:00 AM

Thursday - Time Close

5:00 PM

Thursday - Appointment Needed

No

Friday - Time Open

8:00 AM

Friday - Time Close

5:00 PM

Friday - Appointment Needed

No

Saturday - Time Open

Na

Saturday - Time Close

Na

Saturday - Appointment Needed

No

Sunday - Time Open

Na

Sunday - Time Close

Na

Sunday - Appointment Needed

No

If "No", Please Describe

L. PERFORMANCE STANDARD #15

Performance standard #15 states that with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF is prohibited from the following:

Sharing a practice location with another Medicare-enrolled individual or organization;

Leasing or subleasing its operations or its practice location to another Medicare-enrolled individual or organization; or

Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization.

1. Does the IDTF share its practice location?

☐ Yes

☒ No

If "Yes", Please Describe

2. Does the IDTF share diagnostic equipment?

☐ Yes

☒ No

If "Yes", Please Describe

3. Does the IDTF lease or sublease its operation or its practice?

☐ Yes

☒ No

If "Yes", Please Describe

4. ADDITIONAL QUESTIONS FOR INSPECTOR

A. Was the inspector able to complete the site visit?

☒ Yes

☐ No

If "No", Please Describe

Additional Comments

There is no serial number available for the MRI except on the physicist report.

C. Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?

☐ Yes

☒ No

If "Yes", Please Describe

D. Photographs Required

Photograph exterior of building (including business sign & hours of operation if possible)



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Photograph interior facility entrance if located within a multiple tenant building (business signs & hours of operation, if possible)



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E. Inspector's Information and Signature

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in the Medicare program. This report is a true and accurate account of the events that occurred and transpired on the date(s) reported herein that this site visit was performed. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty or perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

12/07/2023



Signature of Declarant

A handwritten signature in black ink, appearing to be 'MB'.

Printed Name

Michael Bloemer

Organization

Deloitte

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1029. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This content is from the eCFR and is authoritative but unofficial.

Chapter IV — Centers for Medicare & Medicaid Services, Department of Health and Human Services

Part 410 – Supplementary Medical Insurance (SMI) Benefits

Authority: 42 U.S.C. 1302, 1395m, 1395hh, 1395m, and 1395aaa

Source: SI FR 41339, Nov. 14, 1986, unless otherwise noted.

Editorial Note: Nomenclature changes to part 410 appear at 62 FR 46037, Aug. 29, 1997.

Link to an amendment published at 88 FR 79526, Nov. 16, 2023

(a) *General rule*

- (1) Effective for diagnostic procedures performed on or after March 15, 1999, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, a nurse practitioner, or a clinical nurse specialist when he or she performs a test he or she is authorized by the State to perform, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner. It is independent of a physician's office or hospital; however, these rules apply when an IDTF furnishes diagnostic procedures in a physician's office.
- (2) Exceptions. The following diagnostic tests that are payable under the physician fee schedule and furnished by a nonhospital testing entity are not required to be furnished in accordance with the criteria set forth in paragraphs (b) through (e) and (g) and (h) of this section:
 - (a) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.
 - (b) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(f)(3)(B) of the Act.
 - (c) Diagnostic psychological testing services personally furnished by a clinical psychologist or a qualified independent psychologist as defined in program instructions.
 - (d) Diagnostic tests (as established through program instructions) personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialists as a qualified electrophysiologic clinical specialist and permitted to provide the service under State law.

(b) Supervising physician

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42 CFR

- (1) Each supervising physician must be limited to providing general supervision to no more than three IDTF sites. This applies to both fixed sites and mobile units where three concurrent operations are capable of performing tests.
- (2) The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the center for the service area in which the IDTF is located. In the case of a procedure requiring the direct or personal supervision of a physician as set forth in § 410.32(b)(3)(i) or § 410.32(b), the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF site or in the case of mobile services, at the remote location. The IDTF must maintain documentation of sufficient physician resources during all hours of operations to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.
- (c) **Nonphysician personnel.**
 - (1) Except as otherwise stated in paragraph (c)(2) of this section, any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by an appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.
 - (2) For services that do not require direct or in-person beneficiary interaction, treatment, or testing, any nonphysician personnel used by the IDTF to perform the tests must meet all applicable State licensure requirements for doing so. If there are any applicable State licensure requirements, the IDTF must maintain documentation available for review that these requirements are met.
- (d) **Ordering of tests.** All procedures performed by the IDTF must be specifically ordered in writing by the physician who is treating the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. (Nonphysician practitioners may order tests as set forth in § 410.32(a)(3)). The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests to be performed by the IDTF, unless the IDTF's supervising physician is in fact the beneficiary's treating physician. Therefore, the physician in question had a relationship with the beneficiary prior to the performance of the testing and is treating the beneficiary for a specific medical problem. The IDTF may not add any procedures based on internal protocols without a written order from the treating physician.
- (e) **Multi-State entities.**
 - (1) An IDTF that operates across State boundaries must—
 - (i) Maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it operates; and
 - (ii) Operate in compliance with all applicable Federal, State, and local licensure and regulatory requirements with regard to the health and safety of patients.

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- (2) The point of the actual delivery of service means the place of service on the claim form. When the IDTF performs or administers an entire diagnostic test at the beneficiary's location, the beneficiary's location is the place of service. When one or more aspects of the diagnostic testing are performed at the IDTF, the IDTF is the place of service.
- (f) **Applicability of State law.** An IDTF must comply with the applicable laws of any State in which it operates.
- (g) **Application certification standards.** The IDTF must certify in its enrollment application that it meets the following standards and related requirements:
- (1) Operates its business in compliance with all applicable Federal and State licensure and regulatory requirements for the health and safety of patients.
 - (2) Provides complete and accurate information on its enrollment application. Changes in ownership, changes of location, changes in general supervision, and adverse legal actions must be reported to the Medicare fee-for-service contractor on the Medicare enrollment application within 30 calendar days of the change. All other changes to the enrollment application must be reported within 90 days.
 - (3) Maintain a physical facility on an appropriate site. For the purposes of this standard, a post office box, commercial mailbox, hotel, or motel is not considered an appropriate site.
 - (4) The physical facility, including mobile units, must contain space for equipment appropriate to the services designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records within the office setting of the IDTF, or IDTF home office, not within the actual mobile unit.
 - (5) IDTF suppliers that provide services remotely and do not see beneficiaries at their practice location are exempt from providing hand washing and adequate patient privacy accommodations.
 - (6) Has all applicable diagnostic testing equipment available at the physical site excluding portable diagnostic testing equipment. The IDTF must—
 - (i) Maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial numbers at the physical site.
 - (ii) Make portable diagnostic testing equipment available for inspection within 2 business days of a CMS inspection request.
 - (iii) Maintain a current inventory of the diagnostic testing equipment, including serial and registration numbers and provide this information to the designated fee-for-service contractor upon request, and notify the contractor of any changes in equipment within 90 days.
 - (iv) Maintain a primary business phone under the name of the designated business. The IDTF must have its—
 - (A) Primary business phone located at the designated site of the business or within the home office of the mobile IDTF units.
 - (B) Telephone or toll-free telephone numbers available in a local directory and through directory assistance.

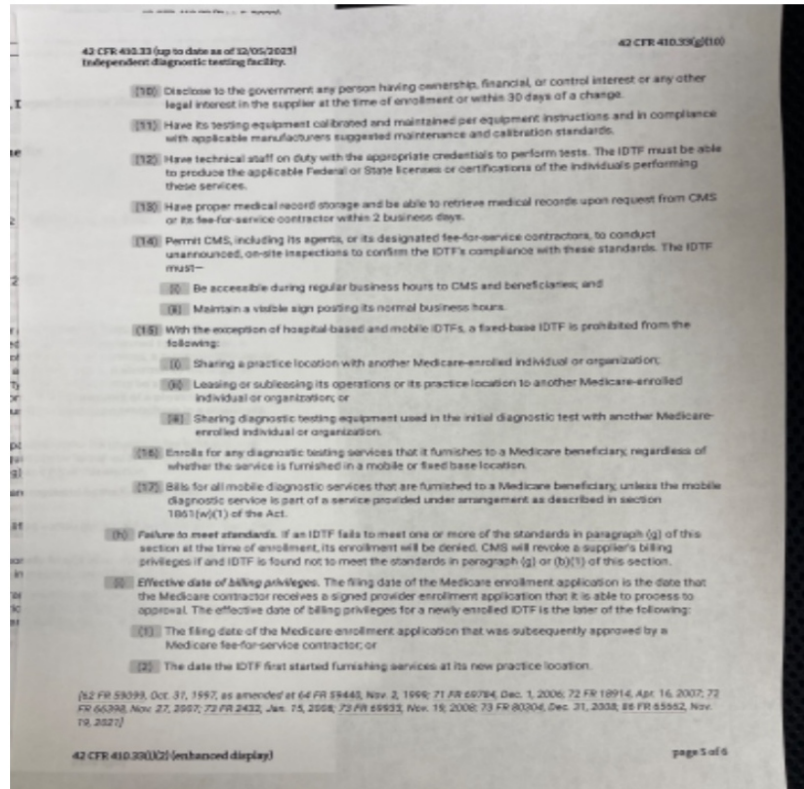
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- (5) Have a comprehensive liability insurance policy of at least \$300,000 per location that covers both the place of business and all customers and employees of the IDTF. The policy must be carried by a nonrelative-owned company. Failure to maintain required insurance at all times will result in revocation of the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter. In addition, the IDTF must—
 - (i) Except as otherwise stated in paragraph (g)(5)(i) of this section, have a comprehensive liability insurance policy of at least \$300,000 per location that covers both the place of business and all customers and employees of the IDTF. The policy must be carried by a nonrelative-owned company. Failure to maintain required insurance at all times will result in revocation of the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter. In addition, the IDTF must—
 - (A) Ensure that the insurance policy must remain in force at all times and provide coverage of at least \$300,000 per incident; and
 - (B) Notify the CMS designated contractor in writing of any policy changes or cancellations.
 - (ii) Paragraph (g)(6)(i) of this section does not apply to IDTFs that only perform services that do not require direct or in-person beneficiary interaction, treatment, or testing.
- (7) Agree not to directly solicit patients, which include, but is not limited to, a prohibition on telephone, computer, or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending physician, who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Nonphysician practitioners may order tests as set forth in § 410.32(a)(3).
- (8) Answer, document, and maintain documentation of a beneficiary's written clinical complaint at the physical site of the IDTF (For mobile IDTFs, this documentation would be stored at their home office.) This includes, but is not limited to, the following:
 - (i) Except as otherwise stated in paragraph (g)(8)(i) of this section, answer, document, and maintain documentation of a beneficiary's written clinical complaint at the physical site of the IDTF. (For mobile IDTFs, this documentation would be stored at their home office.) This includes, but is not limited to, the following:
 - (A) The name, address, telephone number, and health insurance claim number of the beneficiary.
 - (B) The date the complaint was received; the name of the person receiving the complaint; and a summary of actions taken to resolve the complaint.
 - (C) If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
 - (ii) Paragraph (g)(8)(i) of this section does not apply to IDTFs that only perform services that do not require direct or in-person beneficiary interaction, treatment, or testing.
- (9) Openly post these standards for review by patients and the public. (This requirement does not apply to IDTFs that only perform services that do not require direct or in-person beneficiary interaction, treatment, or testing.)

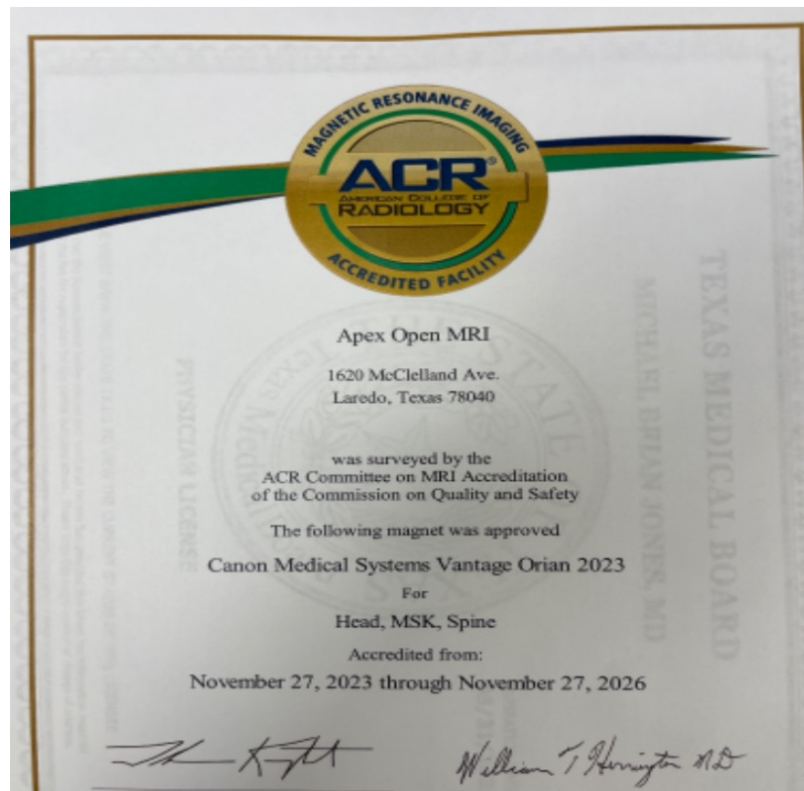
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Additional photo/accreditation



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Address



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Business Records Storage



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Business Signage

Apex Open MRI
 Latitude, TX
 MRI
 September 27, 2023
 MRAP 01

MRI Equipment Performance Summary

Apex Open MRI
 1620 McClelland Avenue, Latitude, TX 75040-4630

MRI
 Canon Vantage Orion, MRT-1550, SN: 4AB2352004, Mavu: May 2023
 Field Strength: 1.5 Tesla, Software version: V7.0 SP0082*

Survey Date: September 27, 2023
 Report Date: October 12, 2023
 Carl R. Keener, Ph.D., DABMP, DABR, Medical Physicist

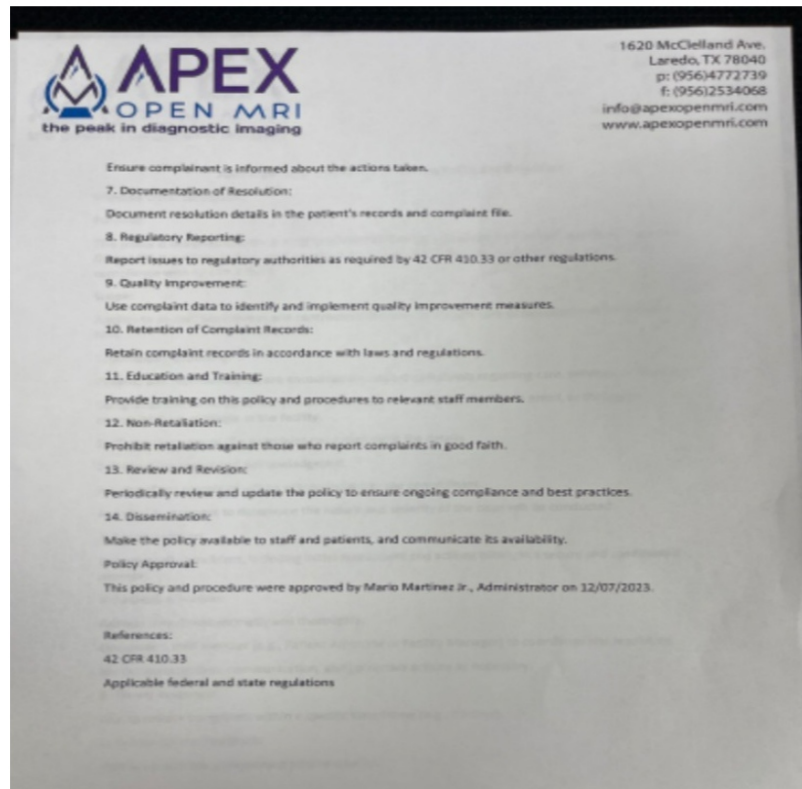
Signature: *Carl R. Keener*

The following tests are required for ACR MRAP facilities. Those facilities must address any "Fails".
 (TJC, Radsite, and IAC also require their accredited facilities to address any "Fails").

1 Setup and Table Positioning Accuracy	Pass
2 Center Frequency	Pass
3 Transmitter Gain or Attenuation	Pass
4 Geometric Accuracy Measurements	Pass
5 High Contrast Spatial Resolution	Pass
6 Low Contrast Detectability	Pass
7 Artifact Evaluation	Pass
8 Film Printer QC (if applicable)	NA
9 Visual Checklist	Pass
10 Magnetic Field Homogeneity	Pass
Method of Testing	Spectral Peak
11 Slice Position Accuracy	Pass
12 Slice Thickness Accuracy	Pass
13 Radiofrequency Coil Checks	Pass
Were all clinically used coils evaluated?	Yes
Was the breast coil evaluated?	NA
SNR	Pass
Volume Coil Percent Image Uniformity (PIU)	Pass
Percent Signal Ghosting	Pass
14 Soft Copy (Monitor) Quality Control	Pass
15 MR Safety Program Assessment	Pass
RF Shielding Integrity	Pass
Evaluation of Site's Technologist QC Program	
1 Set up and Position Accuracy (weekly)	NA
2 Center Frequency (weekly)	NA
3 Transmitter Gain / Attenuation (weekly)	NA
4 Geometric Accuracy Measurements (weekly)	NA
5 High Contrast Spatial Resolution Measurements (weekly)	NA
6 Low Contrast Detectability (weekly)	NA

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Calibration Log



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Complaint Policy



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Credentials



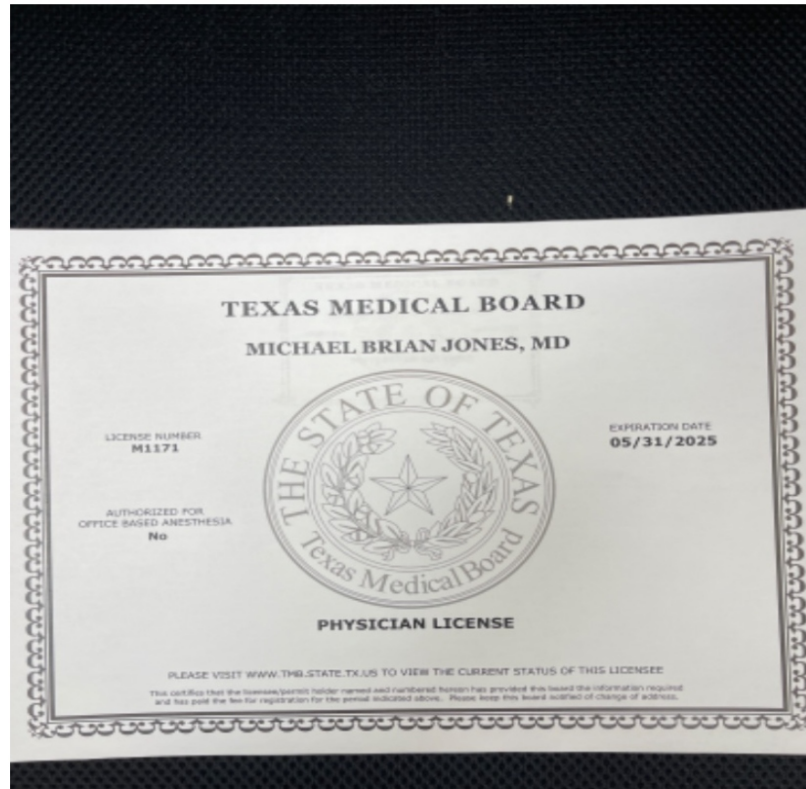
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Disability Access



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Equipment



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Federal/State Licenses



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Handwashing



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 Date: 12/07/2023 02:50 PM CST

Hours of Operation

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE 06/05/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
 NUTMEG INS AGENCY (INC)PHS
 7611075
 The Hartford Business Service Center
 3600 Wexman Blvd
 San Antonio, TX 78251

CERTIFY
 NAME (335) 525-3137 FAX (833) 443-8113
 PHONE (335) 525-3137 (A/C No.)
 EMAIL
 ADDRESS
 INSURANCE AFFIRMING COVERAGE NUMBER 30154

INSURED
 APEX OPEN MRI
 1820 MCCLELLAND AVE
 LAREDO TX 78045-4830

INSURER A: Hartford Underwriters Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PRE-CLAIMS.

LINE	TYPE OF INSURANCE	RISK	SYMBOL	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPIR. DATE	LIMITS
1	COMMERCIAL GENERAL LIABILITY						
	CLAIM-MADE ☒ OCCUR						
A	General Liability			76 88W A23R4D	06/05/2023	06/05/2024	EACH OCCURRENCE \$2,000,000 AGGREGATE \$1,000,000 MEDICAL EXP. (per person) \$10,000 PRODUCTS, COMPOD AGG. \$4,000,000
	OTHER: WORKSITE LIMIT APPLIES FOR:						
	☒ WORK ☐ AUTO ☐ LOG						
	OTHER:						
	AUTOMOBILE LIABILITY						
	ANY AUTO						
	ALL OWNED						
	AUTO						
	HIRSD						
	AUTOS						
	UMBRELLA/LMB						
	EXCESS LMB						
	SEC						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY						
	PROPERTY/PAID/RECURRING OFFICER/EMPLOYEE EXCLUDED?						
	Remember to list:						
	DESCRIPTION OF OPERATIONS/INDUSTRY						
	Employment Practices Liability Insurance						
A				76 88W A23R4D	06/05/2023	06/05/2024	Each Claim Limit \$25,000 Annual Aggregate Limit \$25,000

CERTIFICATE HOLDER

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Susan A. Castaneda

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Latitude: 27.510950865108402
 Longitude: -99.48543593085458
 Date: 12/07/2023 03:05 PM CST

Liability Insurance



Latitude: 27.511035260241876
Longitude: -99.4855416037985
Date: 12/07/2023 02:57 PM CST

Medical Records Storage



Latitude: 27.511035260241876
Longitude: -99.4855416037985
Date: 12/07/2023 02:56 PM CST

Privacy Accommodation

MRI Equipment Performance Evaluation

Apex Open MRI
1820 McClelland Avenue, Laredo, TX 78540-4600

MRI
Canon Vantage Orion, MRT-1550, SN: 4AB2352004 Manu: May 2023
Field Strength: 1.5 Tesla, Software version: V7.0 SP0062*

Survey Date: September 27, 2023
Report Date: October 12, 2023
Carl R. Keener, Ph.D., DABMP, DABR

This MRI survey covers the annual tests recommended by the ACR for its MRI accreditation program; it also meets IAC, Radsite, and TJC MRI requirements. There are additional tests not required by those accreditation agencies. The pass/fail criteria are based on field strength, phantom size, and the site's accreditation agency requirements (if accredited) or the ACR annual EPE requirements for ACR and non-accredited sites. In some cases, the annual EPE requirements are stricter than the phantom submission requirements.

Image analysis and measurements were performed using the MRI console.
The site phantoms and the large MRAP phantom SN: J0424 were used.

Recommendations / Conclusions

This MRI passes the annual physics tests required by the TJC, IAC, RadSite, and ACR accreditation programs.

If you choose to use the ACR as your accreditation agency, you will need to purchase a large MRI phantom for your weekly QC. If you use another agency (IAC or RadSite), you may be able to use Canon's DQA as your daily QC. Even if you are performing weekly QC with the ACR phantom, I recommend that you also perform the DQA testing. Those results are recorded in the system where the engineer can review them. I attached an ACR QC worksheet to this report that you may use for your ACR phantom QC. Once you have a phantom, please perform that QC daily for 3 weeks and send me the results for evaluation and baseline. Then you may switch to weekly.

The phantom images made today should pass that portion of your ACR MRAP submission. We saved copies of those images, and we will upload them and the required phantom data to ACRedit Plus if you assist us with logging in. We will also upload an electronic copy of this report. You will be responsible for uploading documentation of any corrective action needed as well as your clinical images and data. If you prefer uploading the phantom images yourself, we will provide them for you on a CD; do not upload them from PACS since we made many additional images that should not be uploaded.

If you have any problems with your submission, please contact us before resubmitting or appealing.

The 4ch Flex SPEEDER will be replaced with a 16ch Flex SPEEDER Large coil. Both are listed in the report.

Digitally signed by Carl R. Keener,
Ph.D.
DN: cn=Carl R. Keener, Ph.D.,
ou=Medical & Radiation Physics, ou=

Latitude: 27.5106933027093
Longitude: -99.48580346060739
Date: 12/07/2023 03:19 PM CST

Serial/Registration Number