



SUPERIOR SCANNING
S E R V I C E

State-of-the-art
Digital Holter Monitoring
via the Internet

The Holter Monitor Specialists™

You don't need to be a computer expert or even medically trained to use our system.

With our easy to use software, uploading and transmitting patient data is a breeze.

All it takes is a few minutes out of your day and you're done.



we provide

STATE-OF-THE-ART DIGITAL HOLTER MONITOR THAT COMES WITH ITS OWN CARRYING CASE AND STRAP.

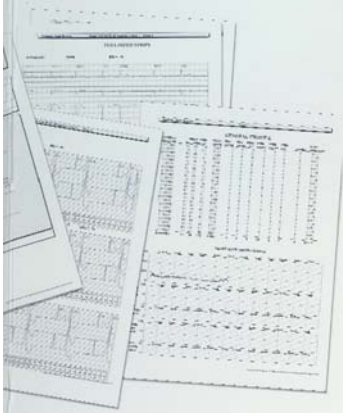
DIGITAL CARD READER WITH USB CABLE CONNECTOR.

COMPUTER SOFTWARE FOR UPLOADING AND TRANSMITTING PATIENT DATA.



SUPERIOR SC/ S E R V

patient care experience technology superior service



EXPERIENCED

With 20 years of scanning experience, we offer the highest quality reporting available.

EASY TO USE

After removing the monitor from your patient, the data is uploaded to your computer. With the click of the mouse, you send us the data via Magic Vortex (a file transfer service).

RELIABLE

We email PDF reports directly to your office within 24 hours, ready to print or transfer to your EMR at your convenience.

EQUIPMENT

We supply state-of-the-art digital monitors, compact flash memory cards, card reader and software.

REPORTS

Reports are customizable. We offer a wide range of reporting categories specific to your needs.

BILLING

You bill the global fee for the Holter monitors for maximum reimbursement from insurance carriers. There are no split-billing issues.

FEES

You will be billed on a monthly basis per scan. If the volume is 10 or more scans per month, we will absorb the cost of the Magic Vortex file transfer account.

OPTIONS

If you wish to purchase your own monitors, you can purchase them from us. Your per-scan fee will be discounted for as long as you use our service.

SCANNING
C E

For more information:

908.281.SCAN (7226) • info@superiorscan.com • www.superiorscan.com

reliability

convenience

trust

easy to use

experience

We provide superior Holter monitor scanning services for you, with no costly equipment to buy.

The entire process is done using your existing computer system with high speed internet access and available USB port.

Each scan is reviewed by a senior cardiac technician. You will be notified immediately if significant abnormalities are detected. These alert criteria can be customized to your specifications.

A technician's report is included with each scan. All reports are ready for a physician's interpretation.

Our only service is Holter monitor scanning. We focus on providing the best service possible.

contact



SUPERIOR SCANNING
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908.281.SCAN (7226) • Fax 908.281.7590
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SUPERIOR SCANNING
S E R V I C E

Frequently Asked Questions

(908) 281-SCAN [7226]
Fax (908) 281-7590
info@superiorscan.com

Do you need to be a Cardiologist to read a Holter monitor?

No.

Any physician who can read an ECG can read a Holter monitor. Internists, primary care, geriatric, family practitioners and of course cardiologists are qualified to provide interpretation of Holter monitors.

Why is a file transfer service used?

There is a significant amount of ECG data acquired over a 24 hour period. Standard email servers cannot handle files of this size. Using the Magic Vortex service takes seconds and assures the large file will arrive at its destination intact.

Do you have to be a computer expert to use the service?

Not at all!

All you need is a basic working knowledge of computers. With our step by step instructions it's as easy as 1-2-3. After the monitor is removed from the patient, the entire process takes less than 2 minutes to upload the data.

Is trained medical staff needed to use the service?

No.

Anyone with basic computer skills can easily use the service. There is no need to use highly trained medical personnel for this task. Of course, proper qualifications are needed for patient hook up and monitor removal.

Why would I use your service instead of the others available?

Personal service.

You will have an account representative assigned to you when you enroll with us. This person is the only person who will be handling your account. If you have a question, this is who you will talk to. You won't have the hassle of trying to hunt down the person who processed your scan to answer your question.

What type of Holter monitors do you use?

We use NorthEast Monitoring digital Holter monitors. They are solid state, have no moving parts, are totally digital, and are small and lightweight. They use two standard AA batteries. Fresh batteries are required for each 24 hour use.

I've never done 24 hour Holter monitor before. How complicated is the hookup?

Not complicated at all.

Hookup uses five snap style conductive gel electrodes. A hookup guide & diagram is provided for exact placement of electrodes.

Any special patient prep requirements?

No.

However, applying electrodes to freshly scrubbed dry skin affords a high quality recording.

How much does a scan cost?

Cost per scan will vary depending on the number of scans per month, and is negotiated at the time of enrollment.

How do your fees compare with others?

Our fees are below the national average. This is possible because we maintain our focus on Holter monitoring only.

What if I want to cancel?

Either you, or Superior Scanning Service, can cancel with 30 days written notice. All equipment must be returned to Superior Scanning Service on contract termination.

What equipment does Superior Scanning Service provide?

Superior Scanning Service provides Holter monitor, compact flash cards (which record patient data), card reader (used to transfer patient data from card to computer), and software on CD.

Do I get to keep the equipment?

No.

The Holter monitor, compact flash cards, card reader, and software are the property of Superior Scanning Service, and must be returned if the contract is terminated.

Can I have more than a single monitor?

Yes. However, the number of monitors supplied to a practice is dependent on the average number of scans per month. In general, when you exceed an average of 16 scans per month, we can provide an additional monitor.

Can I use my own Holter monitors?

Yes, if they are digital NorthEast monitors. If you wish, you may purchase your own monitors, and we can arrange this sale for a nominal fee. If you own the monitors, we will reduce the fee per scan.

What about repair or replacement of equipment?

NorthEast solid state monitors have no moving parts, and are highly reliable. However, should a problem occur during normal use, we will arrange a replacement as quickly as possible. Damage caused by misuse is the responsibility of the practice and repair or replacement fees will apply.

How are scans billed?

Superior Scanning service bills on a monthly basis, with an itemized listing of all patients during the month. Should the scans performed during the month fall below 10, you will be billed a nominal fee for the file transfer service. When the number of scans during a month is 10 or greater, the file transfer service fee is waived.

What are some of the insurance and reimbursement considerations?

At the time of enrollment, your account representative will discuss the particular insurance considerations within your state. Since insurance situations vary from state to state and from practice to practice, it is impossible to generalize regarding these issues.

[Back to Top](#)

Is there a minimum number of scans required to maintain the service?

No.

However, the nominal file transfer service fee will apply when scans per month are below 10. In addition, Superior Scanning Service reserves the right (with 30 days written notice) to cancel a contract due to low activity.

YOUR PRACTICE NAME

123 Main Street
Any Town, NJ 12345
908-234-5678

PATIENT INFORMATION

Patient Name: Sample Patient	Physician: Dr. John Smith
Date Of Birth: 2/24/1924	Scan Number:
ID #: 19899	Date Recorded: 9/13/2004
Age: 80 Years	Date Processed: 9/29/2004
Sex: F	Recorder Num: 0000133056
Analyst: JM	Hook-up Tech: EJ
Interp.Physician:	
Indications: Palpitations	Medications:

Sample Patient was monitored for a total of 21:35 hours. The total time analyzed was 21:30 hours. Start time was 1:52PM1. There were a total of 79653 beats. (1.41%) were Ventricular beats, (3.03%) were Supraventricular beats, and (0%) were Paced beats.

The Mean Heart Rate was 62.
The Maximum Heart Rate was 116 at 10:15:56AM2.
The Minimum Heart Rate was 33 at 4:13:15AM2.

Ventricular Ectopy				Supraventricular Ectopy 20%			
Total:	1131			Total:	2416		
20% Early/Late:	862 /	91		Single:	2410		
Pairs:	84			Pairs:	3		
Total Runs:	1			Total Runs:	0		
Beats in Runs:	10			Beats in Runs:	0		
#beats	@rate			#beats	@rate		
Longest Run:	10 @ 8:12PM1	171		Longest Run:	0 @ 1:52PM1	0	
Fastest Run:	10 @ 8:12PM1	171		Fastest Run:	0 @ 1:52PM1	0	
RonT:	0			Aberrant:	0		

RR Variability		ST Absolute	
SDNN:	190 ms.	Depression:	*** mm
pNN50:	16.62 %	Elevation:	*** mm
RMSSD:	79 ms.		
Pauses:	0 (Greater than 2.5 sec.)		

COMMENTS:

.The rhythm was sinus. There were frequent ventricular and supraventricular ectopy noted. There were 3 supraventricular pairs and 84 ventricular couplets. There was one 10 beat run of V-Tach noted at 8:12PM on day one of the recording. Also noted were 2 ventricular escape beats which occurred during the 4:00AM hour. A single diary entry of skipped beat did correlate with PVC's on the ECG. This area can be customized to include data the physician wants to see included in the report.

PHYSICIAN'S SIGNATURE:

DIARY EVENTS LIST

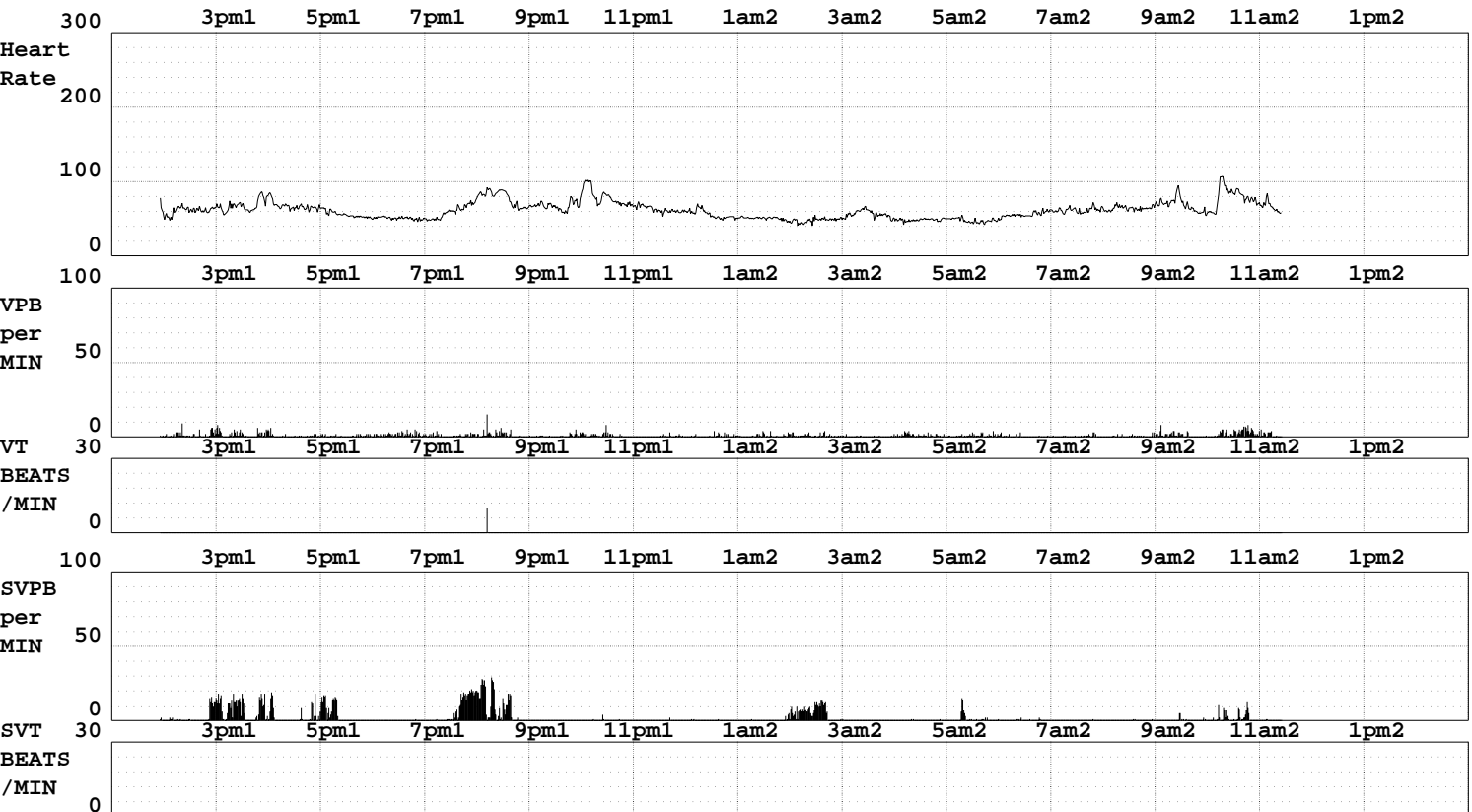
DIARY TIME	COMMENTS
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8:23:00AM2	Skipped beat
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GENERAL PROFILE

INTERVAL STARTING	HEART RATE			TOTAL BEATS	VPB TOTAL	VPB PAIRS	RUNS VT	SVPB TOTAL	SVPB PAIRS	RUNS SVT	PAUSES	TIME ANALYZED
	LO	MEAN	HI									
1:52PM1	58	66	80	256	2	0	0	3	0	0	0	0:03
2:00PM1	41	61	75	3667	77	1	0	103	0	0	0	1:00
3:00PM1	50	68	88	4080	101	3	0	470	0	0	0	0:59
4:00PM1	45	67	89	4069	36	2	0	133	0	0	0	0:59
5:00PM1	43	56	70	3380	33	0	0	224	0	0	0	1:00
6:00PM1	38	51	58	3071	90	6	0	1	0	0	0	0:59
7:00PM1	39	59	76	3568	49	5	0	378	0	0	0	0:59
8:00PM1	52	78	98	4701	84	3	1	523	0	0	0	0:59
9:00PM1	50	67	84	4069	30	2	0	0	0	0	0	0:59
10:00PM1	51	79	110	4771	58	0	0	7	0	0	0	1:00
11:00PM1	45	63	79	3792	16	0	0	2	1	0	0	1:00
12:00AM2	40	56	75	3385	32	10	0	3	0	0	0	0:59
1:00AM2	39	50	60	3057	37	10	0	14	0	0	0	1:00
2:00AM2	34	48	60	2892	55	4	0	346	1	0	0	0:59
3:00AM2	41	56	71	3407	10	0	0	1	0	0	0	1:00
4:00AM2	33	48	63	2936	66	9	0	3	0	0	0	0:59
5:00AM2	33	48	62	2893	49	1	0	60	1	0	0	1:00
6:00AM2	39	55	67	3357	19	0	0	10	0	0	0	0:59
7:00AM2	48	61	75	3717	20	0	0	1	0	0	0	0:59
8:00AM2	47	64	75	3865	22	1	0	3	0	0	0	1:00
9:00AM2	48	69	100	4158	66	7	0	16	0	0	0	1:00
10:00AM2	47	79	116	4754	143	16	0	113	0	0	0	0:59
11:00AM2	47	66	85	1808	36	4	0	2	0	0	0	0:27
SUMMARY:	33	62	116	79653	1131	84	1	2416	3	0	0	21:30

HEART RATE TRENDS (24 hours)



SUPRAVENTRICULAR SUMMARY

Prematurity for early set at 20%

INTERVAL	BEATS	TIME	SVPB	SVPB	SVPB		
STARTING	TOTAL	ANALYZED	TOTAL	SINGLE	PAIRS	SVT	#BEATS
1:52PM1	256	0:03	3	3	0	0	0
2:00PM1	3667	1:00	103	103	0	0	0
3:00PM1	4080	0:59	470	470	0	0	0
4:00PM1	4069	0:59	133	133	0	0	0
5:00PM1	3380	1:00	224	224	0	0	0
6:00PM1	3071	0:59	1	1	0	0	0
7:00PM1	3568	0:59	378	378	0	0	0
8:00PM1	4701	0:59	523	523	0	0	0
9:00PM1	4069	0:59	0	0	0	0	0
10:00PM1	4771	1:00	7	7	0	0	0
11:00PM1	3792	1:00	2	0	1	0	0
12:00AM2	3385	0:59	3	3	0	0	0
1:00AM2	3057	1:00	14	14	0	0	0
2:00AM2	2892	0:59	346	344	1	0	0
3:00AM2	3407	1:00	1	1	0	0	0
4:00AM2	2936	0:59	3	3	0	0	0
5:00AM2	2893	1:00	60	58	1	0	0
6:00AM2	3357	0:59	10	10	0	0	0
7:00AM2	3717	0:59	1	1	0	0	0
8:00AM2	3865	1:00	3	3	0	0	0
9:00AM2	4158	1:00	16	16	0	0	0
10:00AM2	4754	0:59	113	113	0	0	0
11:00AM2	1808	0:27	2	2	0	0	0
SUMMARY:	79653	21:30	2416	2410	3	0	0

INTERVAL	HEART RATE < 120						HEART RATE >= 120					
	3	4	5	6-9	10+	#BEATS	3	4	5	6-9	10+	#BEATS
1:52PM1	0	0	0	0	0	0	0	0	0	0	0	0
2:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
3:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
4:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
5:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
6:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
7:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
8:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
9:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
10:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
11:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
12:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
1:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
2:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
3:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
4:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
5:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
6:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
7:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
8:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
9:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
10:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
11:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
SUMMARY:	0	0	0	0	0	0	0	0	0	0	0	0

VENTRICULAR SUMMARY

Prematurity for early set at 10%

INTERVAL STARTING	BEATS	TIME	VPB	SINGLE		VPB	VTACH	#BEATS	RonT
	TOTAL	ANALYZED	TOTAL	EARLY	LATE	PAIRS			
1:52PM1	256	0:03	2	2	0	0	0	0	0
2:00PM1	3667	1:00	77	73	2	1	0	0	0
3:00PM1	4080	0:59	101	90	5	3	0	0	0
4:00PM1	4069	0:59	36	30	2	2	0	0	0
5:00PM1	3380	1:00	33	32	1	0	0	0	0
6:00PM1	3071	0:59	90	78	0	6	0	0	0
7:00PM1	3568	0:59	49	35	4	5	0	0	0
8:00PM1	4701	0:59	84	47	21	3	1	10	0
9:00PM1	4069	0:59	30	23	3	2	0	0	0
10:00PM1	4771	1:00	58	46	12	0	0	0	0
11:00PM1	3792	1:00	16	16	0	0	0	0	0
12:00AM2	3385	0:59	32	11	1	10	0	0	0
1:00AM2	3057	1:00	37	16	1	10	0	0	0
2:00AM2	2892	0:59	55	45	2	4	0	0	0
3:00AM2	3407	1:00	10	10	0	0	0	0	0
4:00AM2	2936	0:59	66	37	11	9	0	0	0
5:00AM2	2893	1:00	49	47	0	1	0	0	0
6:00AM2	3357	0:59	19	19	0	0	0	0	0
7:00AM2	3717	0:59	20	19	1	0	0	0	0
8:00AM2	3865	1:00	22	19	1	1	0	0	0
9:00AM2	4158	1:00	66	45	7	7	0	0	0
10:00AM2	4754	0:59	143	95	16	16	0	0	0
11:00AM2	1808	0:27	36	27	1	4	0	0	0
SUMMARY:	79653	21:30	1131	862	91	84	1	10	0

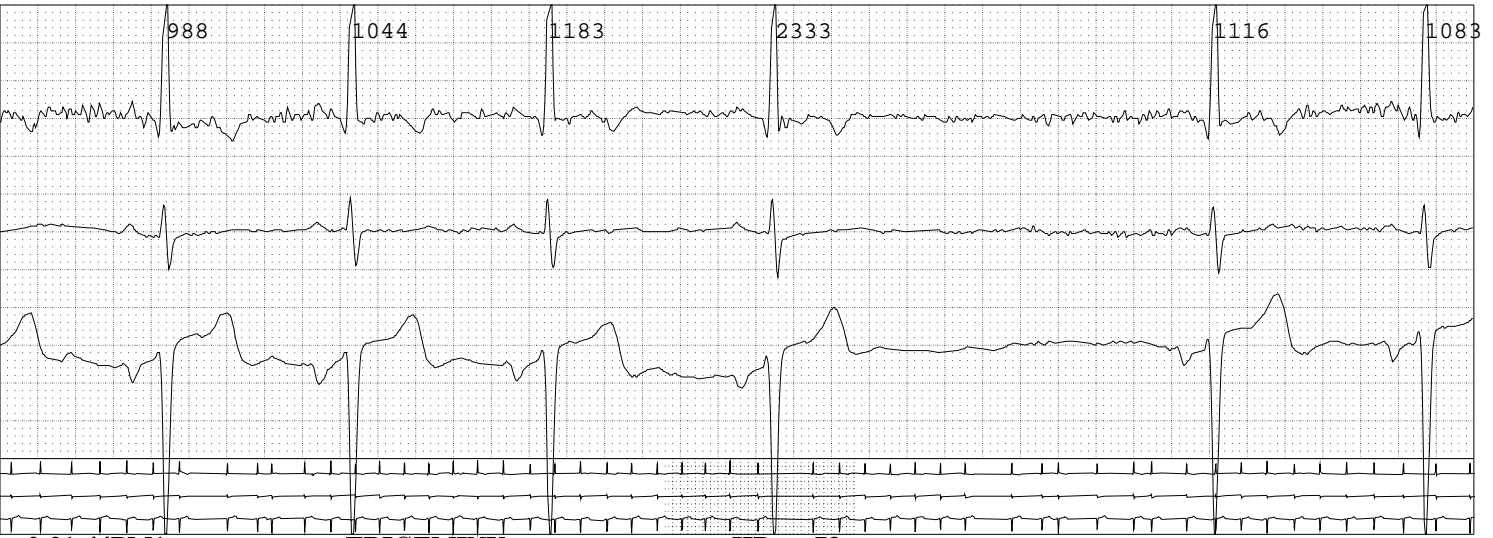
INTERVAL STARTING	HEART RATE < 120					#BEATS	HEART RATE >= 120					#BEATS
	3	4	5	6-9	10+		3	4	5	6-9	10+	
1:52PM1	0	0	0	0	0	0	0	0	0	0	0	0
2:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
3:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
4:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
5:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
6:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
7:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
8:00PM1	0	0	0	0	0	0	0	0	0	0	1	10
9:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
10:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
11:00PM1	0	0	0	0	0	0	0	0	0	0	0	0
12:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
1:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
2:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
3:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
4:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
5:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
6:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
7:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
8:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
9:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
10:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
11:00AM2	0	0	0	0	0	0	0	0	0	0	0	0
SUMMARY:	0	0	0	0	0	0	0	0	0	0	1	10

FULL-SIZED STRIPS

2:09:51PM1

LONGEST RR

HR = 56



2:21:44PM1

TRIGEMINY

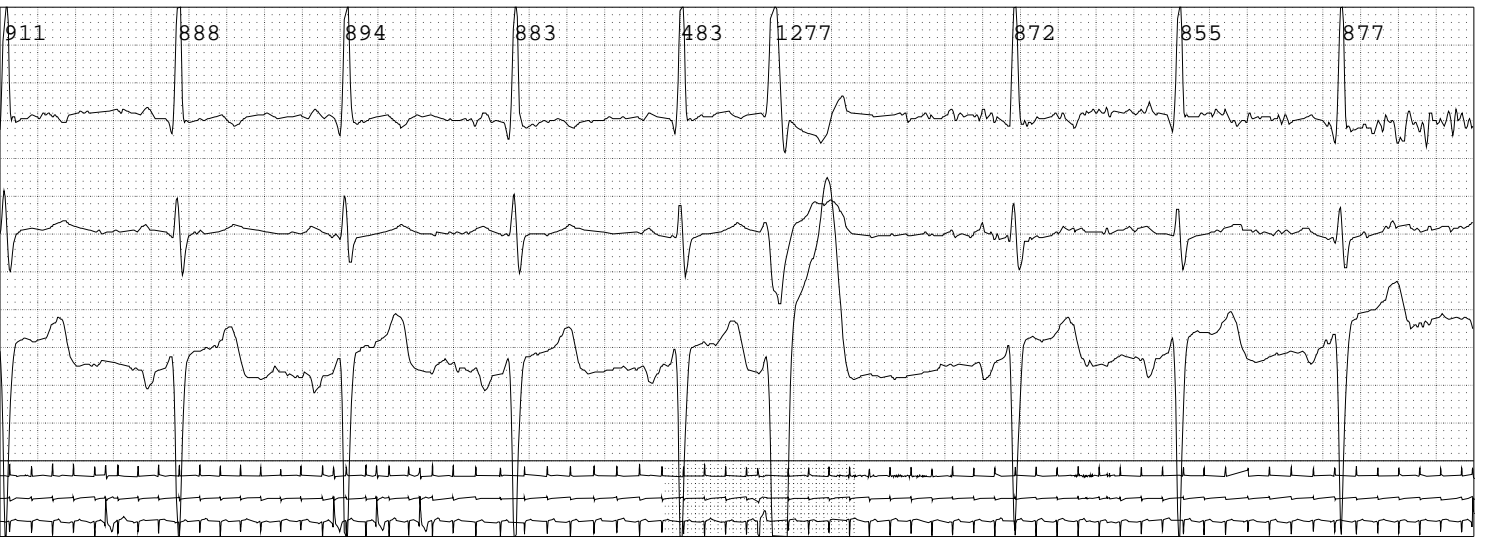
HR = 73



2:21:59PM1

EARLY VPB

HR = 68



2:41:53PM1

VPB

HR = 68



3:01:02PM1

VPB PAIR

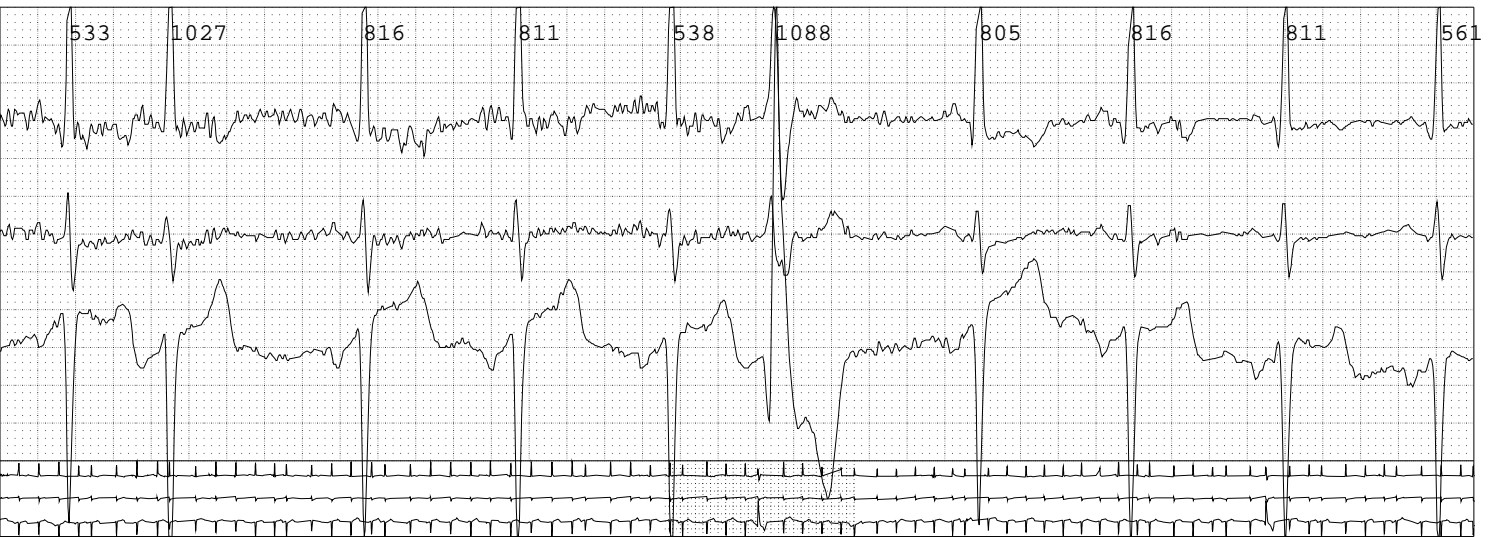
HR = 67



3:16:27PM1

EARLY VPB

HR = 71



3:49:38PM1

VPB

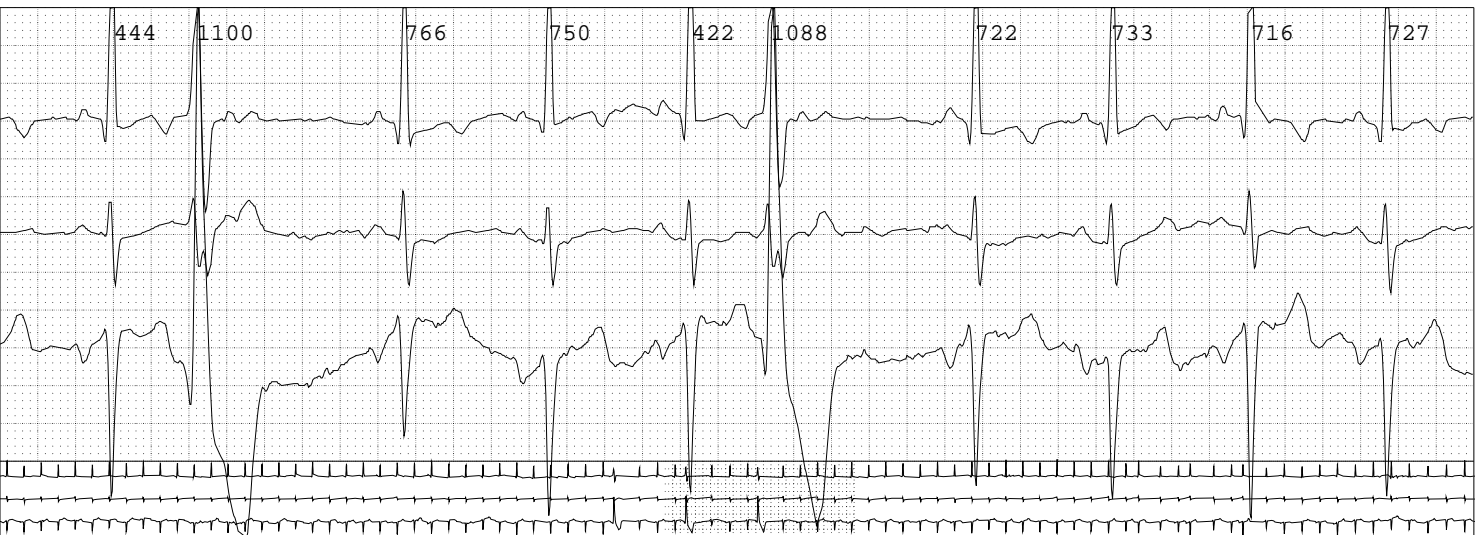
HR = 83



3:59:40PM1

QUADRIGEMINY

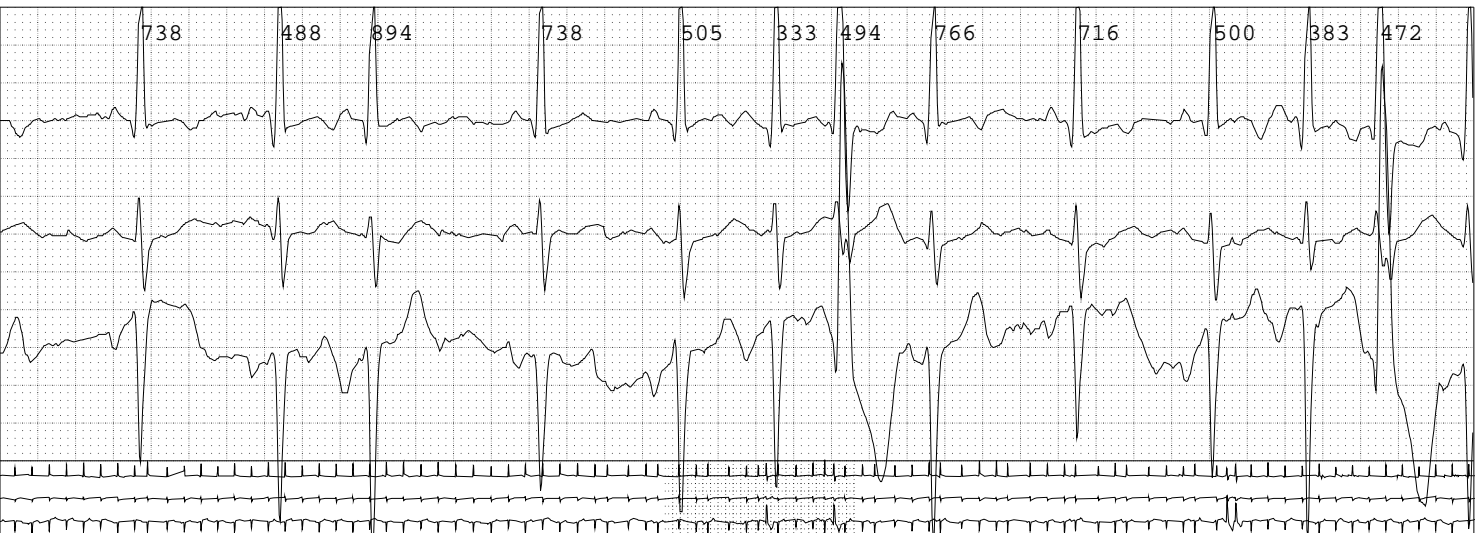
HR = 81



4:02:57PM1

SHORTEST RR

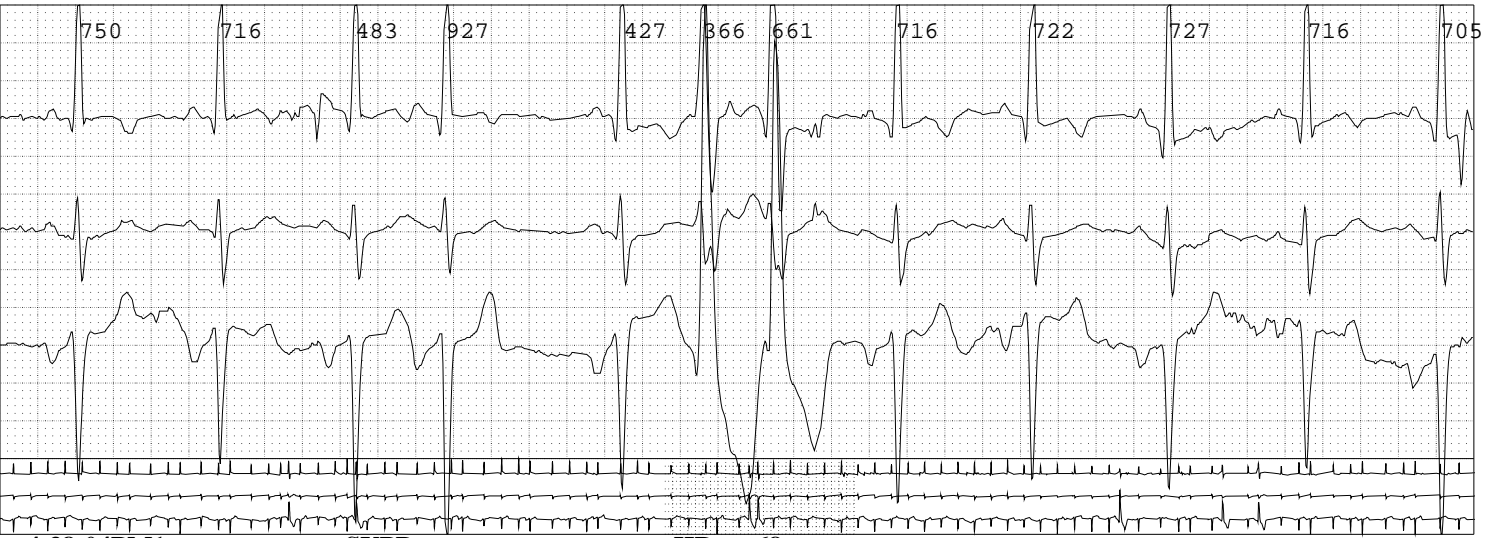
HR = 83



4:03:17PM1

VPB PAIR

HR = 88



4:38:04PM1

SVPB

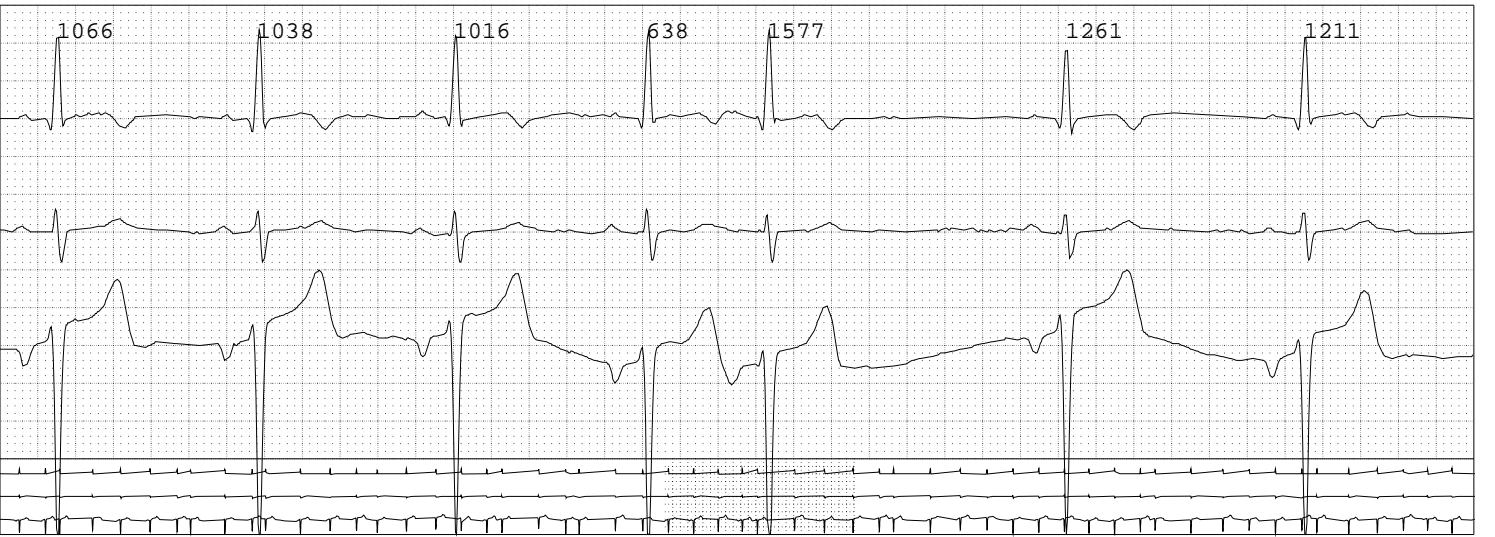
HR = 68



5:10:37PM1

SVPB

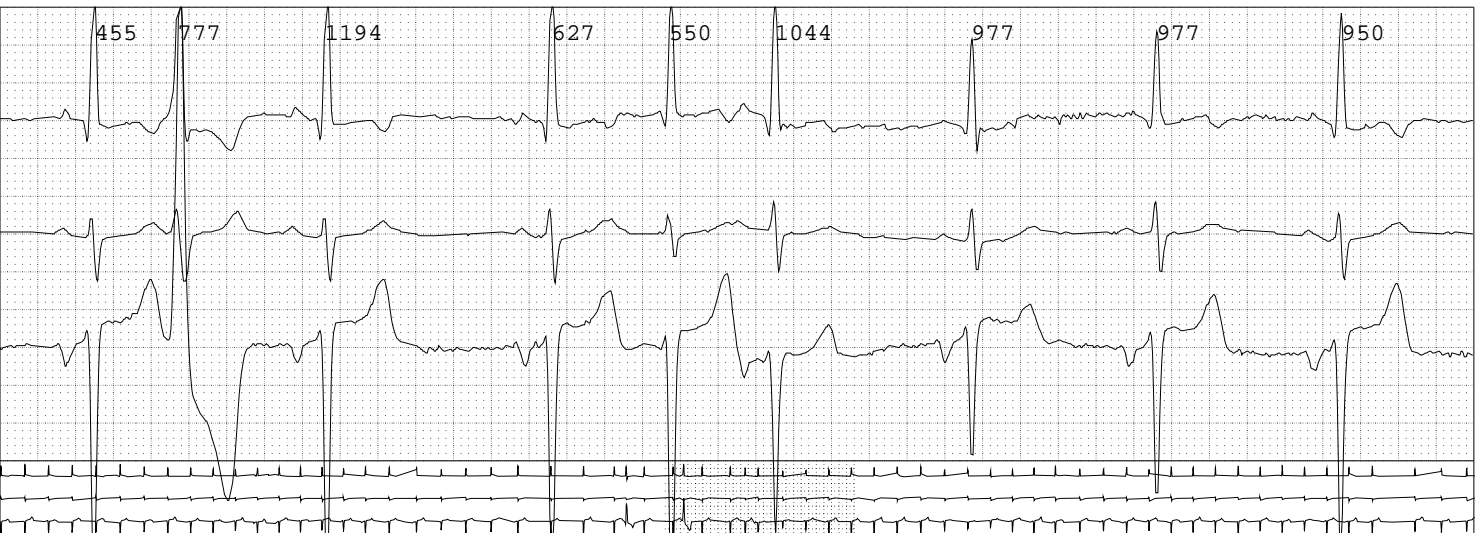
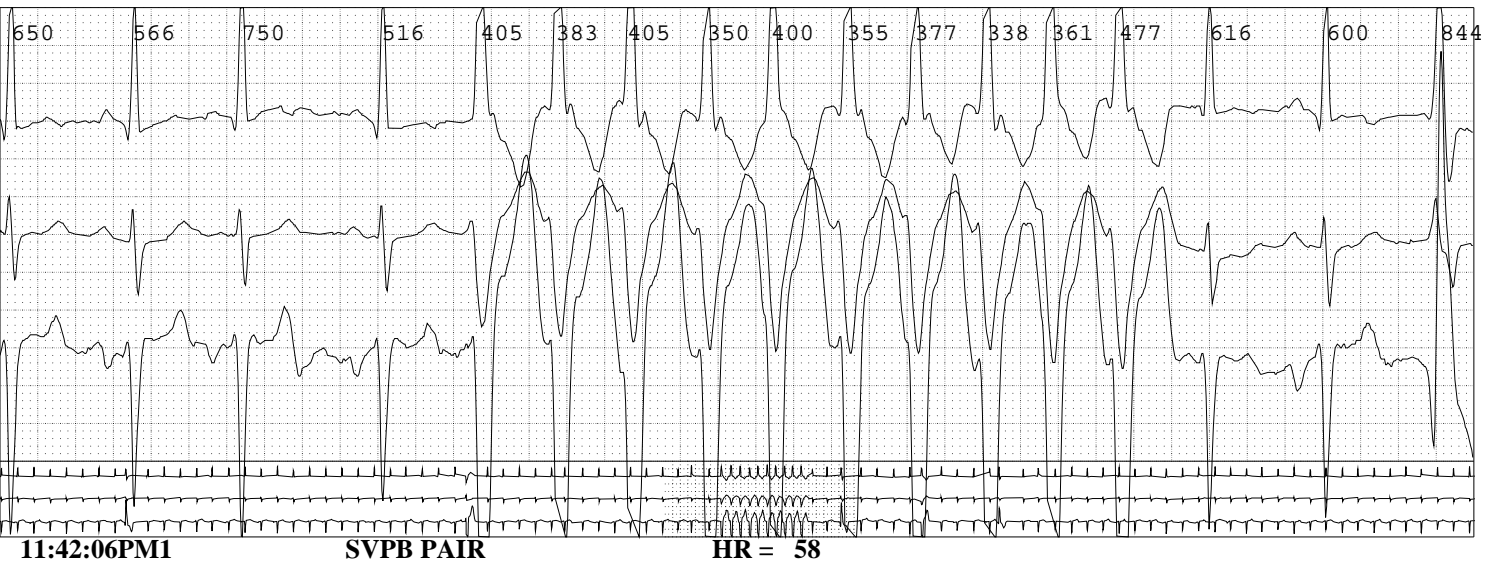
HR = 58



5:13:07PM1

VPB

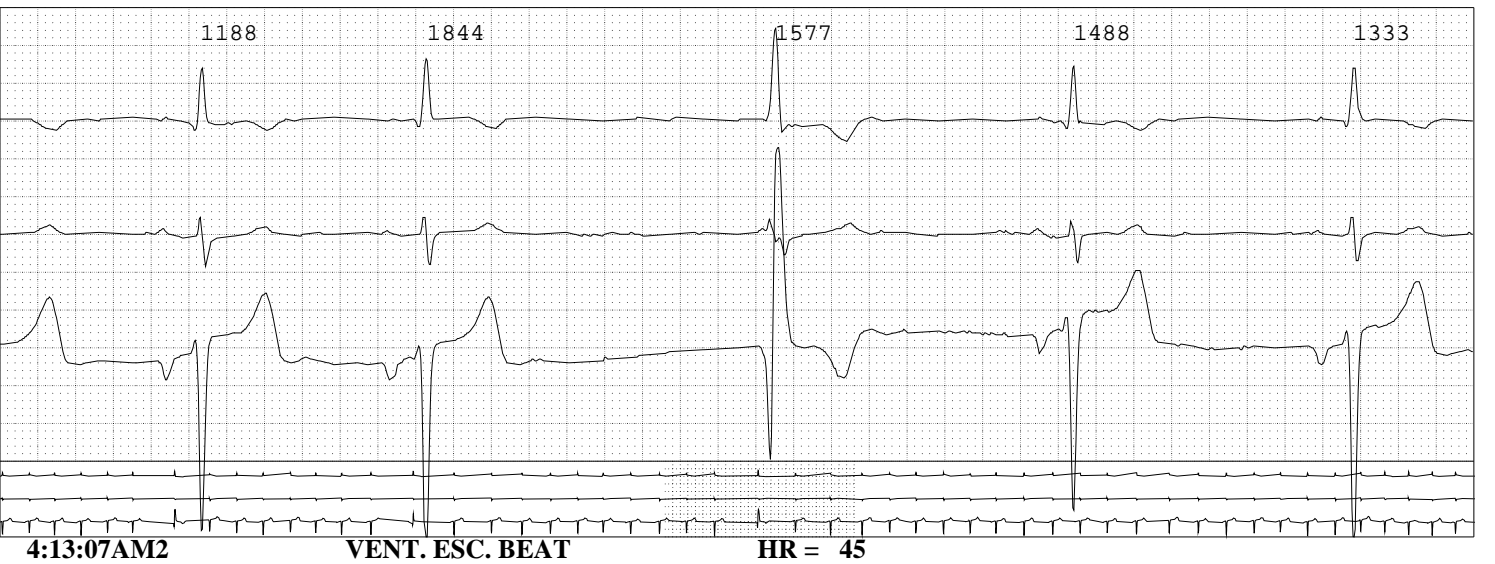
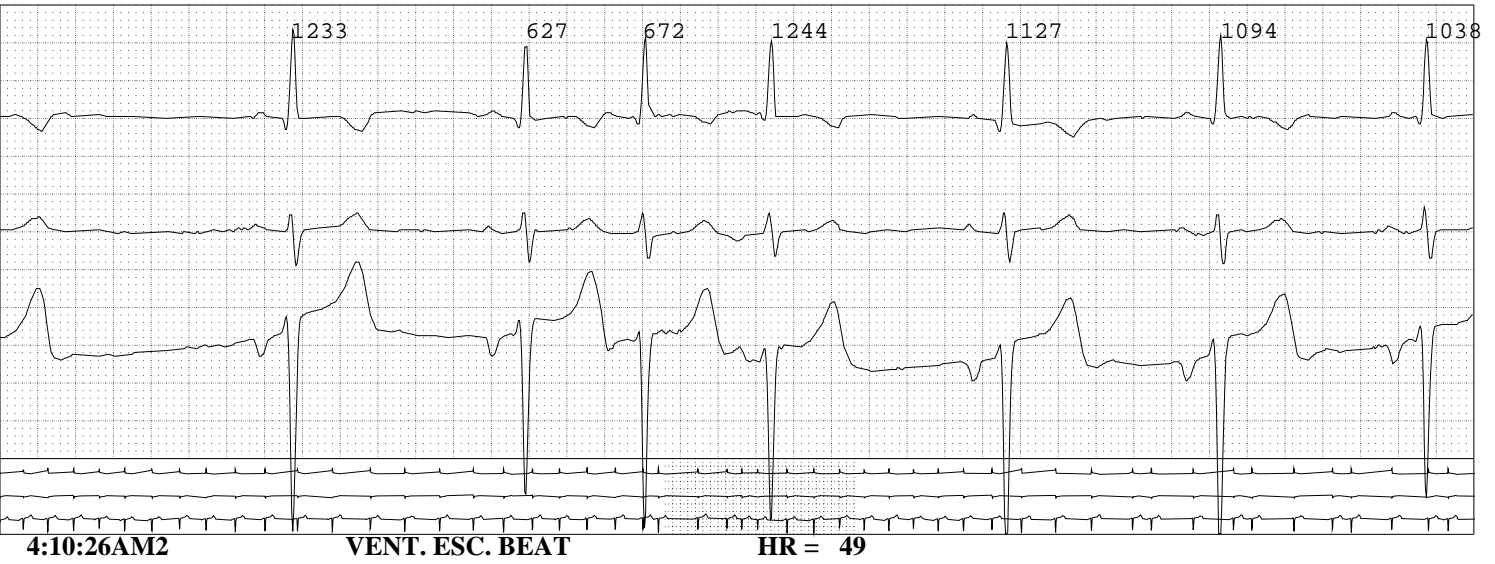
HR = 62



2:08:08AM2

SVPB PAIR

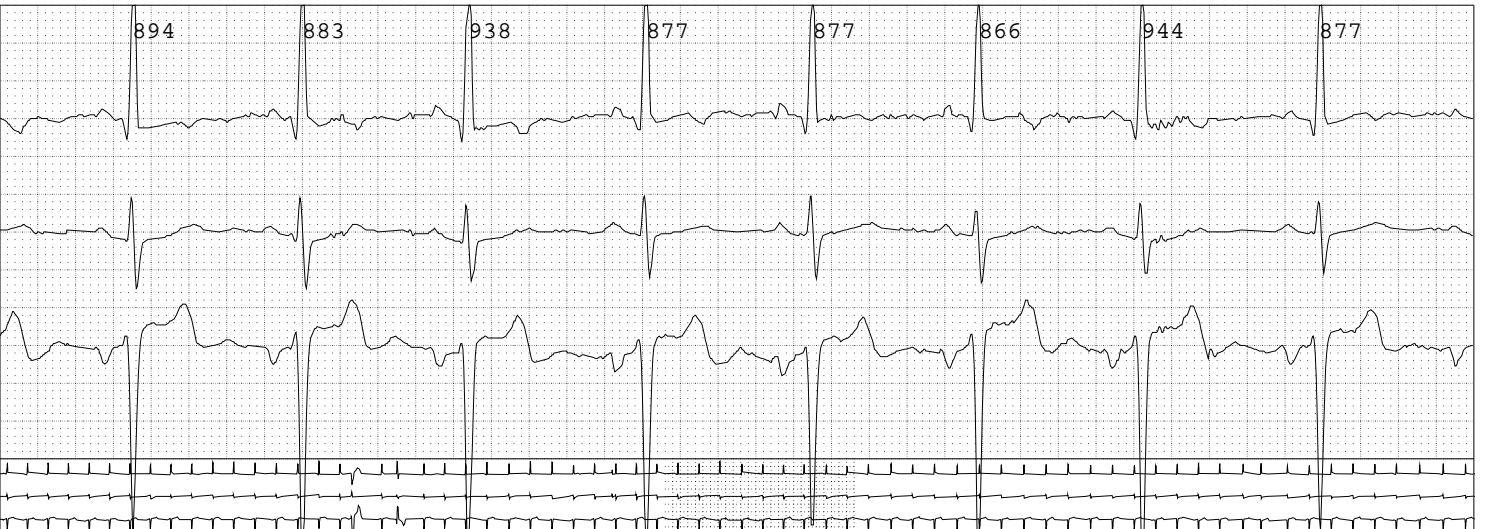
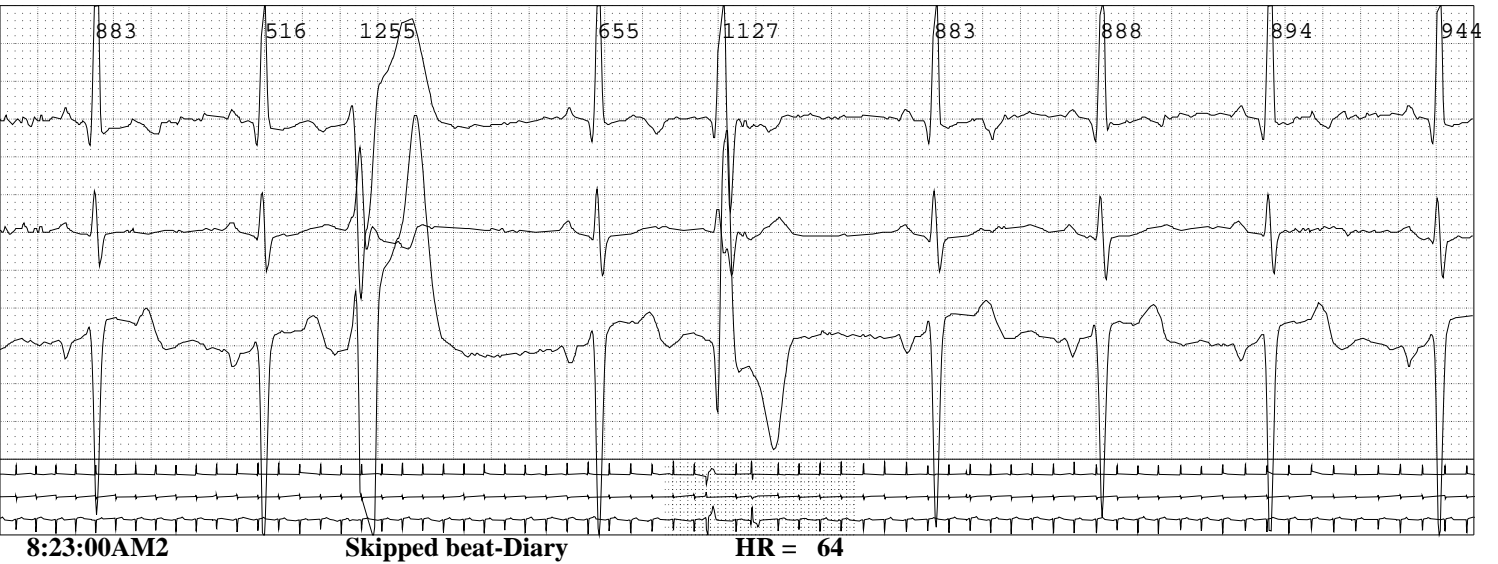
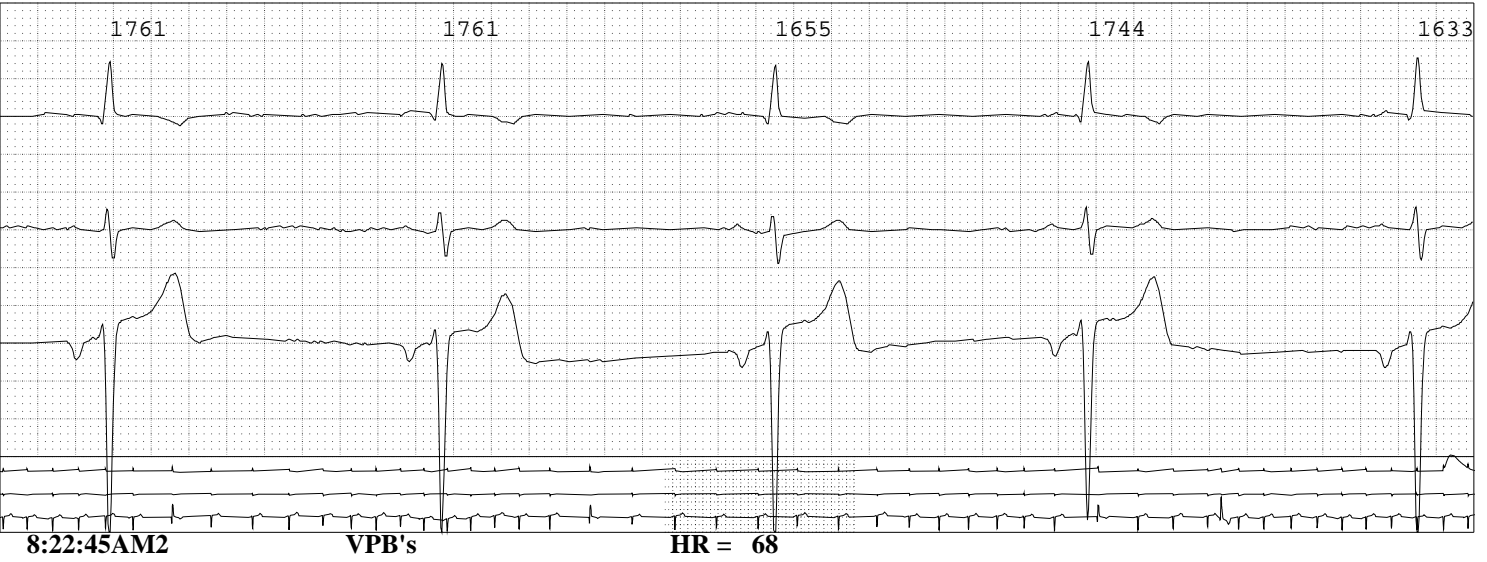
HR = 52



4:13:15AM2

MIN. HEART RATE

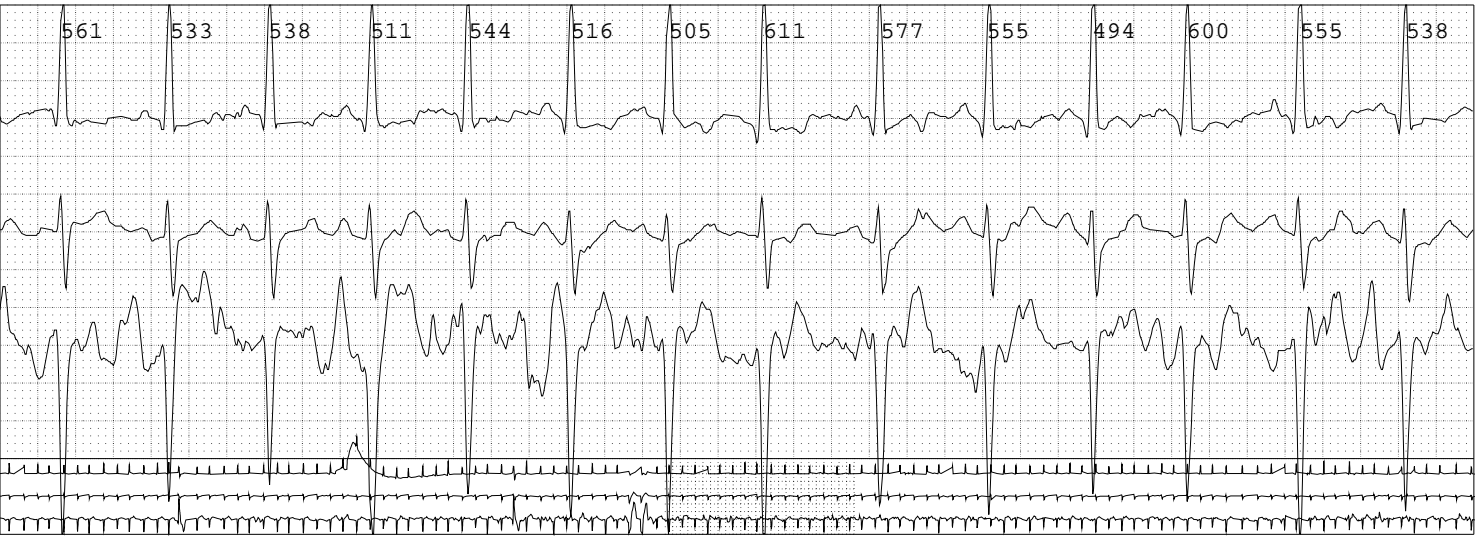
HR = 33



10:15:56AM2

MAX. HEART RATE

HR = 116



10:41:56AM2

BIGEMINY

HR = 82



10:52:37AM2

BIGEMINY

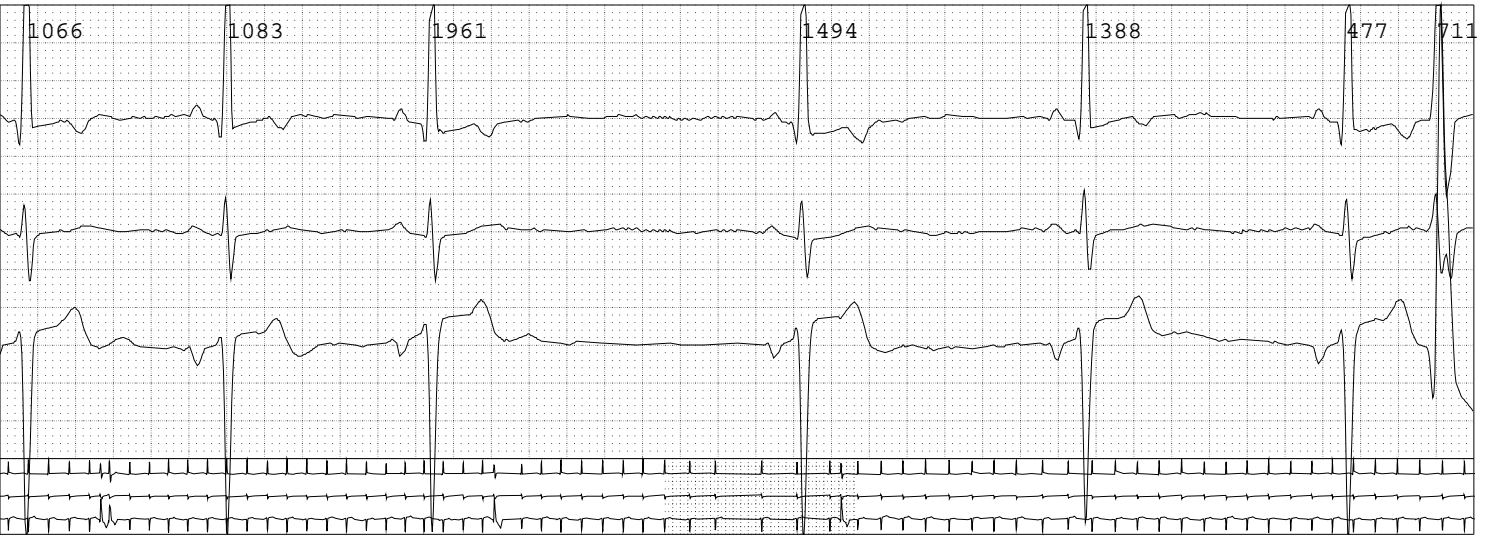
HR = 79



11:14:46AM2

BRADYCARDIA

HR = 66





SUPERIOR SCANNING SERVICE
 5 Hiland Drive
 Hillsborough, NJ 08844-5426
 908.281.SCAN (7226)
 info@superioscan.com
 www.superioscan.com

Holter Client Enrollment Form

Date: _____
 Practice Name: _____
 Physician Name: _____ Contact Name: _____
 Address _____ City: _____ State: _____ Zip: _____
 Office Phone: _____ Office Fax: _____
 Email Address: _____ @ _____

Physician Notification

Immediately notify abnormal findings: During business hours: No ___ Yes ___ Fax ___ email ___ Phone ___
 After business hours: No ___ Yes ___ Fax ___ email ___ Phone ___

Abnormal Findings

Sinus Tachycardia > 150 bpm	Idioventricular Rhythm	SVT > 30 sec
New onset Atrial Fib/Flutter	Sinus Bradycardia <40	Atrial Fib/Flutter > 130
VTAC > 4 beats	Ventricular Fibrillation	Junctional Rhythm > 30 sec
Asystole	Wide QRS Tachycardia > 4 beats	Heart Blocks (all types)
Pauses > 2.5 seconds	Complete Heart Block	PM Sense/Capture Failure

Add, Delete, or modify any of the above: _____ **MD initial here** _____

****Must have High Speed Internet Access and available USB port for uploading scans****

- Fee for scanning \$ _____ per scan. **MD initial** _____
- If volume is 10 or more scans per month, SSS will absorb the cost of a Magic Vortex entry-level account.
- If volume is less than 10 scans per month, the Magic Vortex fee will be added to the bill. **MD initial** _____
- Either party can revoke this agreement, at any time, with 30 day written notice.
- Account billed monthly, payment is net 15 days. **MD initial** _____
- Holter reports are the findings made by a technician and must be reviewed by a licensed physician.
- SSS will provide staff training if necessary for data transmission.
- Digital Holter monitor is the property of SSS and must be returned at termination of contract.

 Signature of Client

 Signature of SSS Representative

 Printed Name

 Date Signed



SUPERIOR SCANNING

S E R V I C E

Setup and Equipment

(908) 281-SCAN [7226]
Fax (908) 281-7590
info@superiorscan.com

Computer System Requirements:

- High speed internet service provider
- Microsoft Windows XP
- 128MB RAM or more
- Laser printer recommended for reports
- USB port available for flashcard reader
- CD-ROM drive for loading software

Equipment provided by Superior Scanning Service:

- Holter Monitor etc.
- Holter Monitor software
- File transfer software
- Carrying Case

Setup:

- Our staff will walk you through the entire setup process, no need to be a computer expert
- Complete instructions for connecting equipment to your computer
- Software instructions for transfer of Holter data



SUPERIOR SCANNING

S E R V I C E

Patient Diary

Name:	
Date of Birth:	
Sex: M F	
ID#:	
Dr.:	
Diagnosis:	
Hook-up Date:	

Day:	
Time	Symptom

Day:	
Time	Symptom

PROTECTED HEALTH INFORMATION (PHI)
COMPLIANCE AGREEMENT
“Business Associate Agreement”

Superior Scanning Service hereby assures that it will comply with applicable guidelines, regulations, requirements and/or laws as sent forth in the “Privacy Regulations” of HIPAA (the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1171 et seq) with respect to the performance of its obligations to _____.

It is agreed and understood that, except otherwise expressly specified, Superior Scanning Service shall have the right to make such use of protected health information (“PHI”) as it deems necessary in order to exercise its rights, and/or fulfill its obligations, under or in connection with the above named Agreements. Superior Scanning Service agrees to institute such safeguards as are mandated by the Act to protect PHI obtained from the “Covered Entity”. Superior Scanning Service acknowledges that this Compliance Agreement is subject to, and controlled by, the applicable provisions of 45 C.F.R. 160.504(e).

Nothing contained herein is intended to, nor shall be deemed, to confer upon any person or entity, other than the Parties and their respective successors or assigns, any rights, remedies, obligations of liabilities.

Execution of this agreement below, on behalf of Superior Scanning Service and Covered Entity, constitutes their agreement to and approval of its contents.

Agreed and approved:

Superior Scanning Service

Signature

Signature

Print

Print

Date

Date

Patient Holter Monitor Agreement

I, _____ understand that I am responsible for returning the Holter monitor I am wearing in 24 hours. It is due back in the office on _____ at _____:_____. I also understand that I am responsible for the cost to replace it should it become damaged or lost.

Signature of Patient

Date Signed