



Patient Acceptance of Financial Responsibility

Valley Radiology Consultants Medical Group, Inc. ("VRC") will bill your insurance as a courtesy. However, you are ultimately responsible for all the charges for services rendered. In the event services are not covered by your insurance company, we will require that you remit payment to VRC. Additionally, if your insurance company does not remit payment in a timely manner, we will transfer the balance to your responsibility and require that you remit payment to VRC for all outstanding insurance balances over 60 days. The outstanding balances may include, but are not limited to:

- office visit co-payments
- annual deductibles
- services that are not covered by your health plan

In addition, your insurance company may require an authorization or pre-certification for certain procedures and supplies that will be provided to you. As a courtesy, we or your referring physician office will attempt to contact your insurance company for authorization for services. However, it is ultimately your responsibility to understand what your insurance policy covers and assure that you have authorization for services. We may request your assistance in following up on your authorization requests and delayed payments. Your assistance in contacting your insurance company will often facilitate a more timely approval of services, prevent delays in services, and expedite payment of your services. We frequently experience difficulty with insurance plans in receiving timely payment. Our policy is that we will bill your primary and secondary policies. If we do not receive payment within 60 days of the date we bill your insurance, then we will transfer the balance to your responsibility and require that you remit payment to VRC. To prevent this, we suggest that you stay in communication with your insurance company to assure they are paying for the services we render. Often, insurance companies are more responsive when they are contacted by their policyholders. In addition, should our billing office or their automated dialing system contact you for assistance in obtaining payment, your prompt response to their calls would be appreciated. CHC, our billing service, may be reached at 800-210-0857 and they will work with you in obtaining payment on your claims.

We require timely payment when you receive monthly statements. Balances are due upon receipt of your statement.

Your co-payment, deductible and/or co-insurance is expected at the time you check-in for your appointment.

We anticipate your co-pay to be _____ deductible/co-insurance to be _____.

This is an estimate only, and is based on information obtained from your insurance company. We attempt to collect information within 2-3 days of your exam in order to ensure our collection of your co-pay, deductible or co-insurance is accurate as possible. This amount

may vary once your insurance is billed. You will be billed (or credited as necessary) for any difference in the estimated amount and actual amount.

I understand and agree that I (or the person named below who is financially responsible for me) am financially liable for all services and will pay my outstanding balance within 10 days of receipt of my monthly statements. I also understand that if my insurance plan does not pay VRC within 60 days of services billed, the balance will be transferred to my responsibility and payment will be due at that time.

CHC, our billing company, is committed to working out payment arrangements. Please contact a representative at 800-210-0857 to make arrangements, discuss your billing or any concerns.

Patient Printed Name

Responsible Party's Printed Name

Patient's Signature

Responsible Party's Signature

Date

Date