

PATIENT FINANCIAL POLICY

NORTH PITTSBURGH Imaging Specialists is committed to providing you with the best possible medical care. The following information is provided to avoid any misunderstanding or disagreement concerning professional services and payment. Our facility firmly believes that good patient relationships are based upon understanding and good communication.

- Our facility participates with a variety of insurance plans; however, it is your responsibility to:
 1. Bring your current insurance information and identification to your visit.
 2. Any co-payment, deductible, or balance for services rendered will be billed to you.
- **Claims / Billing:** As a courtesy, we will file a claim with your insurance, for services rendered. If any amounts are denied or unpaid, you will be billed for that amount. As the relationship is between you, the subscriber and your insurance carrier, you will need to address any disputes directly with your carrier. Payment of any outstanding amount will be expected from you as billed.

If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to your exam.

Please direct questions about financial arrangements to the billing office at 1-(800)-223-5544.

- If you have questions about your insurance, we are happy to help if we can. Specific coverage questions, however, should be directed to member services at your insurance carrier (the number is on your insurance card) or contact your employer's human resource department.
- **Referrals & Authorizations:** It is your responsibility to obtain any required referral and/or authorization number/document prior to your exam. If you do not have the authorization, your visit may be rescheduled or you may be financially responsible for the full cost of the exam.

If your plan considers our facility out-of-network, your potential out-of-pocket costs may be higher.

By initialing below you confirm that you understand and give consent to us to provide you services.

Initials: _____

- **Self Payments:** Full payment is due at the time of service. If you submit a claim to your insurance after your exam has been completed it is your responsibility to contact your insurance company. The only documentation we can provide is a receipt for payment as a claim is not being filed.

By initializing below you understand and accept these terms.

Initials: _____

- Our facility attempts to accommodate patients' appointments by scheduling at their convenience. However, we reserve the right to charge for two consecutive cancelled appointments or one no show appointment the fee of \$25.00.
- A CD will be given to patients upon request. The first CD will be given as a courtesy to you, however any additional requests will be charged at a rate of \$5.00 per CD.
- I acknowledge receipt of NORTH PITTSBURGH Imaging Specialists "Notice of privacy Practices".
- If the patient is a minor, (17 years and younger), the parent or responsible party must sign below and initial above.

Signature of Patient or Responsible Party

Date