



Financial Agreement, Authorization for Assignment of Benefits & Patient Consent

Patient Name: _____

Date: _____

With the execution of this document, the undersigned, in consideration for services rendered, hereby agree to the following:

- 1. **FINANCIAL AGREEMENT:** I agree to pay for all services rendered to me by XRC Medical Imaging, LLP (XRCMI). I understand that as a courtesy to its patients providing insurance/billing information, XRCMI will submit claims to my health care plan or insurance company. However, I further understand that I am responsible for payment of the balance owed. I agree that I am also responsible for any deductibles, co-insurance, charges for non-covered services, charges for services deemed "medically unnecessary" or charges for which I have not obtained a properly authorized written referral, if required by my health plan. In the event that I am not currently enrolled as a member of a health care plan, I am personally responsible for all charges incurred for services.

FOR MEDICARE PATIENTS ONLY

- 2. **MEDICARE AUTHORIZATION:** I request that payment of authorized Medicare benefits due me be paid in my behalf to XRCMI, for any services furnished by XRCMI. I authorize any holder of medical or other information about me to release to any insurance carrier or to the Health Care Financing Administration and its agents, information needed to determine these benefits or any benefits for related services. I permit a copy of this authorization to be used in place of the original. I understand that I am responsible for the Medicare Part B deductible and the remaining 20% of charges.

- 3. **ASSIGNMENT OF BENEFITS:** I hereby assign to XRCMI those insurance benefit payments due XRCMI and hereby authorize my insurance company to make payment directly to XRCMI. I understand that regardless of this assignment, I remain primarily responsible to XRCMI for payment of all actual charges incurred. A carbon copy or photocopy of this assignment shall be as valid as the original.

- 4. **RELEASE OF INFORMATION:** I authorize XRCMI to disclose all or any part of my medical record to any insurance carrier, person or corporation which is or may be liable under contract to XRCMI or to me or to a family member or employer of mine, for all or part of XRCMI's charges. This authorization includes, but is not limited to, worker's compensation carriers, Anthem (Blue Cross/Blue Shield), commercial insurance carriers, and the fiscal intermediary under Medicare and Medicaid.

- 5. **PATIENT CONSENT:** Based on physician's referral for XRCMI's services, I request and give consent to XRCMI, its physicians and staff, to provide diagnostic and therapeutic radiology services, contrast administration and related care. This includes treatment of any life-threatening condition that may arise during the course of my XRCMI examination(s) or while present at XRCMI.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO READ OR HAVE HAD THE ABOVE INFORMATION EXPLAINED TO ME AND THAT I FULLY UNDERSTAND THE STATEMENTS IN THIS DOCUMENT AND CONSENT TO EACH OF THEM. I CERTIFY THAT I AM THE PATIENT OR AM DULY AUTHORIZED BY THE PATIENT TO EXECUTE THE ABOVE AND ACCEPT THE TERMS.

Patient Signature

Patient's Agent/Representative

Witness Signature

Date

Patient Name: _____
First Name Middle Initial Last Name

Patient's Date of Birth Patient's Social Security Number

Patient Address: _____
Street City State Zip Code

Home Telephone Cell Telephone Work Telephone

Employer: _____

Employer Address: _____
Street City State Zip Code

If patient is a student & has an out-of-town address, send billing statement to:

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Responsible Party Information

Responsible Party (only if the person who carries the insurance is **NOT** the patient)

Responsible Party's Employer

Responsible Party's Employer Telephone #

Responsible Party Social Security Number

Responsible Party's Date of Birth

Please list any additional doctors who you wish to receive a copy of your report from today's examination:

