



FINANCIAL POLICY

PATIENT:	DATE:
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Patients with insurance:

1. We will **only** bill the insurance presented at time of service.
2. You are expected to pay any **known** co-pays, applicable deductibles and estimated amounts of co-insurance at time of service.
3. It is your responsibility to know your insurance benefits, assure payments of insurance benefits to us and negotiate with your insurance company over disputed claims.
4. We require you as a patient to be responsible for any balance your insurance does not pay.
5. Any balances owed must be paid within 90 days to avoid further collection activity.

Self-Pay Patients:

1. Full cash payments are expected at time of service.
2. We **will not** bill insurance at a later date once cash pay has been accepted.
3. Patients are required to sign a form on Valley MRI And Radiology Inc.'s self-pay policy.

Delinquent Accounts:

1. You will receive periodic statements for outstanding balances.
2. Your account may be turned over to a professional agency specializing in debt collection for continued nonpayment.
3. Once your account is turned over to a collection agency for nonpayment, you will be responsible for any fees accrued by the collection agency during the collection process on your account.
4. We will not be able to see you for any future appointments until **all past due fees** are paid in full.

Forms of Payment: We accept cash, checks, and Visa/Mastercard credit/debit cards. There will be a \$25.00 charge on all returned checks.

I certify that I have read and agree to the Financial Policies of Valley MRI And Radiology Inc.

Signature

Date