



Payment made in full at time of Service: We offer a 20% discount to anyone paying for services in full at the time of the visit for Cheyenne Radiology services and a 25% discount for MRI services for private pay non-insured patient services ONLY. Cheyenne Radiology will not discount the remainder balance after insurance has been filed and paid. Payment in full not made at the time of service will not be eligible for the discount.

Effective 2/2010, co-payment and/or deductible not made at the time of service may incur a \$25 processing fee.

Thank you for choosing Cheyenne Radiology as your Imaging Provider. We are committed to providing you with quality and affordable healthcare. The following is our financial policy. Please read it, ask us any questions that you may have, and sign the attached signature page. A copy will be provided to you.

PATIENT RESPONSIBILITY: MRI, CT, Ultrasound, PET procedures that require authorization must be authorized prior to services being rendered and are the responsibility of the patient and Referring physician. We participate in many insurance plans. Knowing your insurance benefits and confirming our participation with your plan is the **patient's responsibility**. Please contact your insurance company with any questions you may have regarding your coverage. As a courtesy Cheyenne Radiology will file to any and all insurance and help with any questions or intervention necessary to help our patients.

PROOF OF INSURANCE: All patients must complete our patient information form before having exam/services. We must obtain a copy of your driver's license and a current, valid insurance card. Failure to provide a current, valid insurance card and/or information prior to your visit will result in payment due in full at the time of service. Please bring these items at each visit.

CO-PAY, COINSURANCE AND DEDUCTIBLES: Payment of co-pays, deductibles, and coinsurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure to do so may result in termination of coverage. For your convenience, we accept cash, checks, and all major credit cards.

CLAIMS SUBMISSION: As a courtesy, we will submit your claims. Your insurance may require additional information from you in order to process the claim. Failure to comply with their request within 30 days will result in full patient responsibility for the claim.

NONPAYMENT: Unpaid accounts will be referred to an outside collection agency.

SPECIAL HANDLING: Accounts will not be held due to special circumstances such as law suit settlements, injury settlements, attorney requests, etc. The accounts must be paid by the patient then recovered by the patient from insurance, attorney, estate, or settlements of any kind.

All Private Pay patients Age (65 +) will pay according to the Government published Medicare Physicians Fee Scale with or without Medicare Part A or B coverage.

NOTICE

Thank you for reviewing our office financial policies. Please sign in the spaces provided below to acknowledge receipt of this information.

ASSIGNMENT OF BENEFITS: I authorize direct payment to be made to the physicians of Cheyenne Radiology for any and all Imaging services rendered. I also authorize the release of any medical records for the purpose of healthcare operations.

FINANCIAL POLICY: I have read and understand the financial policies of Cheyenne Radiology and agree to abide by its guidelines:

Patient's Printed Name: _____ **Birthdate:** _____

Signature of patient or responsible party: _____ **Date:** _____