BAYMEADOWS MRI

Providing MRI and X-Ray Services

Consent for treatment

I hereby authorize Baymeadows MRI to furnish medical treatment, including any and all procedures considered necessary and proper while I am at Baymeadows MRI

Authorization and Assignment

You are responsible for acquiring the needed preauthorization numbers for each appointment and/or procedure prior to the appointment. Without these authorization numbers, your insurance company may refuse to pay your claim, in which you will be responsible for the total bill.

Payment Agreement

For all services rendered to the patient named herein, I jointly and severely, promise to pay to the order of Baymeadows MRI on demand, the outstanding balance remaining for the services rendered. Demand shall be accomplished by the presentation of a bill.

A statement of charges for services performed will be forwarded by Baymeadows MRI upon request. Any monies payable by insurance companies, assigned to and received by Baymeadows MRI, will be credited to the balance due. The assignment of insurance monies does not alter the undersigned's obligation to pay. Baymeadows MRI reserved the right to refuse further services to the patient without notice; to accept periodic installment payments without waiving its right to demand payment in full as outlined above; and the right to assign the monies due under this agreement. This agreement shall be binding, upon my heirs, personal representative and successors.

I understand that I am responsible for the charges and the treatment I receive. Baymeadows MRI will, however, file my primary insurance on my behalf. Baymeadows MRI reserves the right not to file with my secondary insurance. It is Baymeadows MRI's policy to allow the insurance company 45 days from the date of service to submit payment. If the insurance company has not been paid within 45 days, the balance is immediately due and payable by the patient. The patient will be responsible for any changes due to non- payment of the insurance company. Please be advised that if an account balance is turned over to a collection agency for non-payment, patient is responsible for a 30% collection fee.

Release of information

I hereby authorize Baymeadows MRI to furnish all my insurance companies any information which they may request, including photocopies from my medical record as necessary for completion of my claim, or as may be required by law for this treatment. I further authorize Baymeadows MRI to furnish/retrieve medical records pertaining to my treatment to/from physician care and treatment.

In addition to the above-mentioned entities and physicians, as well as my referring physician, I hereby authorize the release of my medical records/films to the following individuals: (example: family members/friends/spouse)

1._____ 2._____3._____

Notice of Privacy Practices – HIPPA have received and read the 'Notice of Privacy Practices" as provided by Baymeadows MRI. This notice describes how health information about me may be used and disclosed, and how I can get access to this information.

Signature: _____ Print Name: _____ Date: _____