



PATIENT FINANCIAL POLICY

Thank you for choosing our imaging center. We are committed to providing the best possible medical care. The following information is provided to avoid any confusion regarding payment for professional medical services.

Payment Policy

- As a courtesy, we will automatically file your insurance claims, therefore we will request a copy of your insurance card at the time of each visit.
- Patients are responsible for any deductible, co-payment, or charges not reimbursed or allowed by insurance.
- If the patient is a minor (18 years or younger), the parent or guardian is responsible for payment of the account, accordance with policy outlined above.
- You will receive monthly statements. If your account is not paid within 60 days, your account will be considered past due.
- Patients having health insurance will be expected to contact their insurance carrier if there is a delay in payment. Please understand that insurance is a contract between you and your carrier, therefore, you are ultimately responsible for your bill.
- If you have difficulty paying your account, please contact our billing department.
- In cases of divorce, the parent who brings the child/children in for treatment is responsible for payment: there are no exceptions.

Referrals

It is your responsibility to bring any required referrals for treatment at, or prior to, the time of your visit. If you do not have a referral, your visit will be rescheduled, or you may be financially responsible.

Acknowledgment and Authorization

I have read, understand and agree to the above policies. I understand the charges not covered by my insurance company, as well as co-payments and deductibles are my responsibility.

I authorize and assign my insurance benefits be paid directly to Breast Imaging of Savannah, LLC.

I authorize Breast Imaging of Savannah, LLC to release any medical or other information to my insurance company when requested.

Patient Name: _____ Date: _____

Signature of Patient or Legal Representative: _____

Relationship to patient: _____