



## FINANCIAL POLICY

### Price Estimates:

MedCross offers price estimates for insured and non-insured patients. This will allow you to anticipate what to expect financially prior to receiving services. A request to receive a price estimate can be made by contacting our office. The estimate provided is based on historical averages along with information received from your insurance company. MedCross cannot predict the care you need and your physicians' orders. The final bill may differ substantially from the price estimate provided and MedCross will not be liable for any discrepancies in the price of the actual bill.

### Financial Responsibility:

Please read the following carefully and sign the bottom of this form prior to receiving services. By signing this form you are agreeing to receive services, to be responsible for payment, and to the MedCross Imaging LLC (MedCross) billing policies below. If you have any questions, please ask our office staff for clarification.

- You are responsible for payment for the services you receive at MedCross. Your medical insurance is a contract between you and your insurance company. There are hundreds of insurance carriers and plans in place today. They can and do change benefits frequently. It is YOUR responsibility to know your deductions and co-pays. Our trained billing staff will file claims to the insurance and do everything within reason to assist you in your insurance billing, but ultimately YOU are responsible for ANY unpaid balance.
- Most insurance companies differentiate covered from non-covered services. Non-covered services are referred to as cosmetic, not medically necessary, and investigational. **For any non-covered services, full payment must be made at the time of service.**
- For all Medically Necessary service, your co-payment and deductible is due at the time of service. If your insurance requires pre-approval or pre-authorization, we will work with your insurance company to receive this prior to your exam. **Please remember, pre-approval or pre-authorization DOES NOT guarantee payment.** If your insurance company denies payment, you will be billed for the balances owing. We bill monthly and payment is due upon receipt of your statement.
- We adhere to strict coding guidelines established by the American Medical Association as well as those established ad covered by Federal, State Programs and Statutes.
- For all accounts where we have agreed to accept deferred payment, our policy is to hold the account no longer than twelve (12) months from the date of service. If settlement has not been completed by this time frame, payment is due and payable in full. Interest will accrue on all accounts at 12% per annum or 1% per month from the date of the first statement after the service is incurred until payment has been received in full.
- For your convenience, we offer MasterCard, Visa, American Express, and financing programs for payment. Please ask about a charity care discount if your family falls below the federal poverty guidelines.

### Assignment of Insurance Benefits – Medicare Assignment

I hereby authorize Medicare or other third party insurance to assign payment to MedCross. This serves as an authorization to release information and payment request. I request that payment of any authorized benefits be made on my behalf.

### FEMALE Patients having

**X-RAY, CT SCAN, MRI or Nuclear Medicine:**     I am not pregnant    I might be pregnant

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*I have read and understand the above financial policy. MedCross has provided me with a copy of their HIPPA "Notice of Privacy Practices". I agree to abide by the terms of this document.*

Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor (other than patient): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship of Guarantor: \_\_\_\_\_