

S1 OPEN MRI

FINANCIAL POLICY

ALL PAYMENTS (INCLUDING ANY CO-PAY) ARE DUE AT THE TIME OF SERVICES ARE RENDERED unless payment arrangements have been approved in advance.

WE ACCEPT PAYMENT BY: Cash, Personal Check, Visa, MasterCard and Discover (*Per the new FTC regulations, we will check State Identification or Drivers License in processing credit card payments to prevent identity theft*).

OUR CASH OR CHECK PAY DISCOUNTED RATES ARE \$325 W/O CONTRAST AND \$375 W/O CONTRAST. ALL CREDIT CARD TRANSACTIONS (INCLUDING CARE CREDIT) WILL BE CHARGED AN EXTRA \$25.00.

NO-SHOW POLICY: Patients that miss their appointments without calling and canceling or rescheduling at least twenty-four hours in advance of the appointment will be assessed a \$25 *no-show fee*. Patients that show up for their appointment more than 15 minutes late may need to reschedule their appointment to a later time/date as the original appointment time may no longer be available.

EXCEPTIONS:

MEDICARE – We will accept assignment on all Medicare claims. We will also file Medicare Supplement claims. Patients covered by Medicare Part B must bring the Medicare card & Supplemental Policy card to the first visit. **PLEASE NOTE:** If you switch to a *Medicare HMO Plan*, you *must* inform us immediately.

HMO, PPO, EPO – Patients covered by a Managed Care or Participating Provider Plan of which the physician being seen is a participant, *must* bring the HMO/PPO/EPO card and be prepared to pay the *Co-Pay* amount at the time of service.

PLEASE NOTE: *We want you to receive your maximum plan benefits.* Our facility is not on every insurance plan. *It is your responsibility to verify that we are in-network or out-of-network with your insurance and verify benefits accordingly.* If your plan requires a *Primary Care Physician Referral*, it is your responsibility to make sure you have a referral for every visit. It is your responsibility to inform us if the treatment or testing recommended to you requires insurance *Pre-Authorization*.

WORKER'S COMPENSATION – Injured workers covered under the Texas Workers Compensation Act will not be responsible for payment of medical services rendered *unless* the injury is finally adjudicated to not be compensated *or* the Texas Worker's Compensation Commission finds that the injured worker has violated Article 8303-4.62 or Article 8303-4.63 of the Texas Workers Compensation Act. *We do not accept out of state worker's compensation insurance.*

PRIVATE INSURANCE – We will file private insurance claims as a courtesy to our patients *only if* the day's charges *exceed* \$300. Payment for the *Uninsured Portion* (Deductible & Co-Insurance) is *due at the time of service*.

PLEASE NOTE: Your Insurance Policy is a contract between you and your insurance carrier. We are not a party to that contract. As Medical Providers, our relationship is with *you – not your Insurance Carrier*. Not all services are a covered benefit of all policies. We recommend you inform yourself of any policy exclusions, as payment for non-covered services will be your responsibility.

I AGREE TO ABIDE BY THE FINANCIAL POLICY OF S1 OPEN MRI.

Signature of Patient or Guardian _____ Date _____