MID ROGUE IMAGING CENTER
Your Community | Your Health | Your Choice

# Financial Policy

The following disclosures are made in compliance with the Federal Truth in Lending Law. Mid Rogue Imaging Center will extend credit to a patient with the understanding that:

- **Parent/Child** – The adult accompanying the child is responsible for the payment at the time of service including copayment, coinsurance or deductible. The parent/guardian with whom the child resides is the person who will be billed for services rendered. We will not be involved in mediating finance arrangement between parents/guardians. We will bill insurance as stated below.
- **Insurance** – It is the responsibility of the patient o know what is covered and excluded from his/her plan. You will be asked to present your insurance card. If this information is not provided, the balance will be the patient's responsibility. We require that you pay your copay, coinsurance or deductible at the time of service.
- **Secondary Insurance** – We will submit claim to your secondary insurance as a courtesy. You are responsible for copay, coinsurance and deductible. You are responsible for any balance after the insurance has paid.
- **Accident & Workers Compensation** – If services are related to an auto or work-related accident, you will be responsible for charges incurred. As a courtesy, we will bill the accident insurance if that information is made available, however you are still responsible for the charges incurred.
- **Private Pay** – We require that patients without insurance pay in full at the time of service. We offer a significant cash discount for cash pay services. We accept cash, check, MasterCard and Visa.
- **Outstanding Balances & Payment Arrangements** – If you are not able to pay your account in full at the time of service and need to make monthly payments, you will need to make a payment arrangement prior to service.
- **Service Charges** – A fee of $25.00 will be assessed to your account for any checks returned due to non-sufficient funds.
- **Medical Records** – Copies of your medical information are available upon written request and are subject to a $15.00 fee. Copies will be made within 72 hours of your request, unless circumstances prevent us from doing so.

**I have read, understand, and agree to the Financial Policy of Mid Rogue Imaging Center.**

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*Signature of Responsible Party* *Date*

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*Printed Name of Responsible Party* *Relationship to Patient*