3100 Matlock Suite 105, Arlington, TX 76015
Phone 817-543-2412

FINANCIAL POLICIES

☐ This form represents our office policies and guidelines concerning financial matters. We ask that you read and sign this form indicating that you understand and agree to these guidelines. If you have any questions, please consult with the appropriate member of our office staff

☐ We require a copy of your current insurance card prior to, or at the time of your visit. If you are unable to present your card, your appointment may be considered a "fee for service" visit and full payment may need to be collected. If you are an established patient, you must verify that all the information is current and accurate. If any changes have occurred please make the necessary changes with our office staff.

☐ As a rule, we try to verify all insurance and benefits prior to your appointment, but in some cases this is not possible. It is ultimately **your responsibility** to make sure that we are a participating provider on your health insurance plan and that you have active health insurance. In the event that your insurance claim is denied, you will be responsible for all billed amounts.

☐ We will file your claims on your behalf; however, you will be responsible for any co-pays, deductibles, or coinsurance amounts according to your insurance benefits at the time of service is rendered.

☐ HMO's and other insurance policies sometimes require a referral from your primary care physician (PCP). It is your responsibility to obtain this referral prior to your first visit. Most of the time, a phone call from you to your PCP will get this done and the referral can be faxed to our office. You are financially responsible without this referral, if required by insurance.

☐ From time to time, insurance companies request further information from you in order to process your claim. Failure to comply with this request in a timely manner may result in denial of your claim and you become responsible for the entire amount.

☐ All deductibles and co pays are due at the time services are rendered.

☐ **Work Related Injuries:** These must be disclosed at the time you are scheduled. Due to the complexity of Texas Worker's Comp., these cannot be changed from an "on the job" injury to an injury off work and vice versa. In other words, either you were injured at work or you were not. For Work related injuries, we will verify the claim with your employer, adjustor and any other appropriate entity, including other physicians, in order to best care for you and your situation. You will not be billed for any medical care or treatment related to an accepted injury and related body area that is injured. If, however, your claim is denied, you will be billed and you become responsible for the balance in full. We will work with you and assist you with understanding your situation to the best of our ability.

☐ We accept cash, personal checks, and most major credit cards. We also offer a "pay on line" service at no extra cost to you. This will come each month on your statement.

☐ I HAVE READ AND UNDERSTAND THE FINANCIAL POLICIES OF CENTRAL IMAGING OF ARLINGTON AS SET FORTH IN THE PRECEDING PARAGRAPHS. MY SIGNATURE INDICATES MY WILLINGNESS TO COMPLY FULLY OR ACCEPT RESPONSIBILITY FOR PAYMENTS OF ANY CLAIM DENIED DUE TO NONCOMPLIANCE. MY SIGNATURE ALSO AUTHORIZES THIS OFFICE TO FILE CLAIMS FOR ME AND ASSIGN ALL MEDICAL RIGHTS AND BENEFITS DUE FOR THESE SERVICES TO CENTRAL IMAGING OF ARLINGTON.
MY SIGNATURE AUTHORIZES THIS OFFICE TO RELEASE MEDICAL RECORDS AS NECESSARY TO MY INSURANCE CARRIER.

Printed Name: _____ **Date:** _____

Signature: _____
09/25/2014