



FINANCIAL POLICY

Imaging services performed at Via Radiology-Meridian Pavilion and Via Vascular (Via-MP) are interpreted and supervised by the physicians of Via Radiology. Thank you for choosing us to be your health care providers.

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 Via Radiology and Via-MP 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 Via-MP. 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 deductibles 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 services, 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 and covered by Federal, State Programs and Statutes.
- Imaging services performed at Via Radiology- Meridian Pavilion and Via Vascular (Via-MP) are interpreted and supervised by the physicians of Via Radiology. Via-MP provides the facility and technical services required for imaging services.*
- You will receive a combined statement from Via-MP for (i) Via-MP imaging services, and (ii) for the professional services of Via Radiology (by Via-MP as billing agent). By signing below, you consent to paying Via-MP for its services and for Via-MP to pay Via Radiology on your behalf.
- For all accounts where we have agreed to accept deferred payment our policy is to hold the account no longer than (12) twelve 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, and Financing programs for payment. Please ask about a charity care discount if your family falls below the federal poverty guidelines.

* Via-MP is a joint venture between Northwest Hospital and the physicians of Via Radiology. Via Vascular is a tradename for Via-MP. Via Radiology is the tradename for Western Radiology Associates, a Washington professional corporation.

Assignment of Insurance Benefits – Medicare Assignment

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

I agree to pay accrued interest, reasonable attorney fees, and collection expenses if necessary. Accounts are due and payable at the time of service and are past due 45 days from the date of billing.

Female Patients having X-Ray, CT scan, or Nuclear Medicine:

- I am not pregnant
- I might be pregnant

I have read and understand the above financial policy. Via Radiology and Via Radiology-Meridian Pavilion has provided me with a copy of their HIPAA "Notice of Privacy Practices".

I agree to abide by the terms of this document.

Patient/Guardian: _____ Date: _____

Guarantor (if other than patient) _____ Date: _____

Relationship of Guarantor: _____ Date: _____

For Office Use Only

- MRN: _____ Insurance: _____ Initials: _____