

RIVERSIDE RADIOLOGY & INTERVENTIONAL ASSOCIATES

Financial Policy

INSURANCE:

We emphasize that as medical care providers, our relationship is with you, not your insurance company. As a courtesy, we will file your insurance claim for you. If your insurance company does not respond or pay within a reasonable length of time (60 days), you will be expected to follow-up with your insurance company. You are responsible for any amount that your insurance does not pay.

All co-payments are due in full at the time of service. Deductibles and coinsurance are determined by your insurance company and reported to us on your explanation of benefits. Once we are notified, we will add the appropriate charge to your account and send you a statement. You will need to pay your portion of the visit within 90 days once your insurance company pays their portion.

As a patient in our office, it is your responsibility to inform us of any changes on your account regarding your insurance or address information. Acceptable insurance identification is required if you change insurance companies. This is defined as a valid insurance card updated when you receive a new insurance card.

WORKERS COMPENSATION (BWC): If you have a worker's compensation claim, you must have authorization before services can be rendered. Please be advised that the physicians at Riverside Radiology & Interventional Associates DO NOT assume physician-of-record responsibilities.

SELF-PAY: A minimum deposit of \$100.00 is due at the time of service for all self-pay patients. Any subsequent visit charges will be due at time of service. If you cannot pay in full you will need to set up a payment plan. Please speak to our billing office at 614-396-4750. Our Riverside and Lewis Center office can also assist you with a payment plan.

ADMINISTRATIVE FEES: From time to time, various forms including but not limited to disability and FMLA forms need to be filled out. There is a \$25.00 service fee to complete these forms.

MISSED APPOINTMENTS: You will be charged \$50.00 after a missed appointments if you do not notify us at least 24 hours prior to your scheduled appointment time.

PAYMENT: We expect that patient due balances will be paid upon receipt of our statement, or at the next visit. In order to make it easier for our patients, we accept cash, checks, money orders, American Express, Discover, Master Card, and Visa. All may be given as payment at the front desk or sent with statements.

COLLECTIONS: If you have not made payments to your account and if there has been no attempt to contact our office with financial arrangements, it may be assigned to a collection agency after 90 days of no payment on account. Please note that after your balance has been sent to collection, you may be dismissed as a patient in our clinic. Your balance will need to be paid at our collection agency in full prior to receiving services in our clinic.

RETURNED CHECK CHARGE: Non Sufficient Funds (NSF) checks are subject to a \$25 fee.

AUTHORIZATION:

I understand that I am responsible for my bill. I authorize RIVERSIDE RADIOLOGY & INTERVENTIONAL ASSOCIATES to act as my agent in helping me obtain payment from my insurance companies. I authorize payment directly to RIVERSIDE RADIOLOGY & INTERVENTIONAL ASSOCIATES. I authorize release of information necessary to collect any payments to all my insurance companies. I further authorize release of medical information to any and all physicians involved in my care. I authorize the use of the "signature on file" to be used on all of my insurance submissions. I understand that I am responsible for notifying the office of any precertification or referral needed for my insurance.

Patient's Name (Print): _____ Date of Birth: _____

Patient or Guardian Signature: _____ Today's Date: _____