

THE IMEGECARE CENTERS

FINANCIAL POLICY AGREEMENT

The ImageCare Centers (ICC) is committed to providing our patients with the best possible care and we welcome the discussion of our professional fees. It is important in our relationship that our patients have a clear understanding of our Financial Policies.

MANAGED CARE PATIENTS:

The patient agrees to accept financial responsibilities for co-payments, deductibles, and medical care and other services that are provided to him/her which are not specifically covered by his/her health benefit plan or not covered due to absence of authorization/referrals that the patient is obligated to obtain under his/her health benefit plan. The patient also agrees to be responsible for all collection fees resulting from a delinquent account.

The patient acknowledges that if the provider is not paid in full at the time of service or submits a claim to the insurance company, the provider is extending and otherwise deferring the time to pay the full charge for services rendered until the claim is paid by either the patient or paid or denied by the insurance company. The patient further acknowledges that in the event the account remains past due and is referred to outside collection, such as a collection agency/law firm (entities), the patient agrees, to authorize said entities to communicate with the insurance company regarding the past due account and further authorize said entities to obtain and/review the patient's credit report.

Managed care companies may deny payment for a medical procedure. ICC will assist patients in appealing a denial, but if the patient/guarantor chooses to have a service considered not medically necessary by the insurance company, the patient/guarantor will be responsible for payment in full.

NON-PARTICIPATING INSURANCE:

There are many insurance plans that ICC do not participate with. In some cases, ICC cannot determine whether a service is covered by the patient/guarantor's insurance plan. As a courtesy to the patient/guarantor, The ImageCare Centers will submit the claim to the patient/guarantors' insurance company. ICC will supply the insurance with the proper documentation supporting maximum reimbursement, but cannot be responsible for a reduced payment or denial from the patient/guarantor's insurance company. The patient/guarantor will be held responsible for the balance not covered by insurance.

UN-INSURED PATIENTS:

Payment in full, is due at the time of service unless payment arrangements have been made in advance, with the billing office manager.

NO FAULT (MVA) AND WORKMAN'S COMP PATIENTS:

It is the patient's responsibility at the time of service to supply ICC with the claim number, address, phone number and the adjuster's name. If the patient does not have this information at the time of service, the patient will be responsible for payment at the time of service.

MEDICARE PATIENTS:

We participate in the Medicare program. No fees are due at the time of service. ICC will submit the claim for the patient, as well as the claim to the secondary insurance. The patient/guarantor is responsible for the balance due after the secondary insurance payment or the amount prescribed by Medicare.

By signing below, I also acknowledge receipt of the Notice of Privacy Rights, which I have reviewed, and give my permission to The ImageCare Centers to use and disclose my health information in accordance with it.

I grant permission to The ImageCare Centers to communicate and release my health/billing information to the following people:

Name: _____ Relationship: _____

This agreement is valid for a period of one calendar year, and it includes all services provided by The ImageCare Centers. It is the patients/guarantor's responsibility to understand how your health plan works, not the doctor's office. Sign below verifying that you have read and understand the above financial policy of our facilities.

Patient Name: _____ Date: _____

Patient/Guardian Signature: _____

222 High Street 89 Sparta Ave 212 Route 94 210 Route 94 380 Lafayette Rd 600 Mt Pleasant Ave
Newton, NJ 07860 Sparta, NJ 07871 Vernon, NJ 07462 Columbia, NJ 07832 Sparta, NJ 07871 Dover, NJ 07801