

The ImageCare Centers

Payment Responsibility Policy

Thank you for choosing to obtain your diagnostic medical services from The ImageCare Centers.

Each patient, or the patient's legal representative, is responsible for all bills associated with services furnished at The ImageCare Centers. In the event a patient's bill is not paid in full, The ImageCare Centers may seek payment from you to the extent not prohibited by law, or if applicable, by your health insurance plan. If your account becomes delinquent it may be referred to a collection agency. Patient accounts placed in collections will be assessed a collection fee equal to 25% of your outstanding bill and will be assessed any attorney fees or court costs that are incurred to collect such debt. The patient or patient's legal representative will be responsible for all such assessments. Unless other payment arrangements are made, a patient account will be delinquent if; (1) full payment is not received within, 30 days of your first balance due bill; (2) the patient or the patient's legal representative, indicates that he/she will not pay the outstanding bill; or (3) there is a default of payment arrangements previously established with The ImageCare Centers.

Please indicate your understanding of and your agreement with this Payment Responsibility Policy by signing below.

Patient (print): _____

Parent/Legal Representative (print): _____

Signature: _____

Patient/Parent/Legal Representative

Dated: _____ 20____