

OpenSided MRI Payment Policy Information

Important information: Please read carefully

We appreciate you selecting OSMRI of _____ for your MRI exam. We will do everything we can to make your experience as comfortable and pleasant as possible. Please let us know if there is anything we can do to better serve your needs.

Unfortunately, providing health care services require a lot of forms and paperwork and we apologize for the time this takes for you to process all this.

We want to inform you of our payment policy, as you can understand we can only continue to operate as the low cost MRI provider and provide our services as long as we get paid in a timely manner. In general, we participate with plans in the area as an "in network" provider and accept assignment on most claims. We do this with all governmental payors (Medicare, Medicaid, and Champus, for example) and accept assignment on these claims. Most of what is described below and in our payment policy will not be an issue if you are covered under a government plan.

Dealing with insurance plans, both before and after your exam, has become a very involved process. Fortunately, for almost all patients that come to our center this will be transparent to them. We will handle all the administrative requirements and send the bill directly to your insurance plan. They will process and remit payment for their portion due to us. You will be responsible for your deductible and co-payment, depending on your plan, at the time of service.

But, sometimes this does not go right and as a result we have to provide you with another form to read and sign that pertain to our payment policy when things do not go as described in the above paragraph. We have to cover all possibilities where difficulties can arise with regard to your claim.

Fortunately, it is unlikely this will happen with your claim, but we have to apprise you of it and have your agreement nonetheless.

It is important to understand that what an insurance plan covers on your behalf is the agreement / contractual relationship you have with them. You pay the premium to the insurance company whether it is out of your pocket, a benefit of your employment, or a combination of both. The specifics of your coverage are a contractual agreement between you (via your employer on a group policy, or any association / group you utilize for coverage) and them. Most insurance plans offer a variety of plans with varying benefits that will be specific to your policy number and group plan number. Therefore, the specific coverage benefits and any requirements, such as pre-authorization for service, will vary widely even within one insurance company and is not something that our center will necessarily know. Therefore, we may not be able to tell you specifically what your plan may, or may not cover, or require due to not only the large number of insurance companies out there, but also the variety of plans offered within any given company.

You knowing what your coverage provides and requires for MRI services prior to your exam is something we recommend you determine by reviewing your policy manual and contacting your insurance company.

If there is a problem regarding your account, our experience is you can usually resolve it by contacting your insurance plan at the telephone number on your card. We will caution you that it may take more than one call, but most patients report that with persistence they are able to resolve any issues that may arise.

We do not have the contractual relationship to resolve your account with the insurance company that you do. We may have an agreement to provide service to their subscribers sent to our facility, but the agreement to pay benefits on your behalf is between you and the company and not something we can intervene in. We, of course, will have provided all the information necessary to process your claim to your insurance plan long before you would have to contact them about your claim.

Therefore, we must have you responsible for your account if it is not paid by your insurance plan. We apologize again for the complexity of our health care system today and that it requires us to have you review and sign yet another form. Please review this form closely before signing and ask any questions you may have.

Again, Thank you for selecting OSMRI and we will do everything to make your visit as pleasant as possible. We are more than happy to discuss and review with your account at any time.

OSMRI: Payment Policy

In order to achieve the goal of providing the best possible medical service to you at the lowest possible cost, we need your assistance and agreement to our payment policies. In almost all cases we will readily process your claim directly with your insurance plan. In a few instances we encounter some difficulty in that process and much of what follows deals with those exceptions. While we do not expect any difficulties with your claim, we do have apprise you of our policy in those instances.

- By signing this form, you agree to assign to OSMRI, for this visit / exams, any and all health care benefits to which you are entitled under any policy of insurance (hospitalization, major medical, workers' compensation, or any other insurance or benefit plan) and authorize, to the extent permitted by law, payment of those benefits directly to OSMRI. We will protect the privacy of your health information and will not use it or disclose it except in a manner that is permitted by state and federal law.
- Your plan may require approval (pre-authorization or "pre-cert") from your referring physician prior to your exam. Usually this must be obtained by referring physician's office, although sometimes OSMRI is permitted to obtain this. OSMRI cannot always apprise you if your policy requires prior authorization; however, we will inform you prior to your exam if pre-authorization was obtained. You should verify, prior to your exam, what the requirements of your plan are for pre-authorization as they vary widely with insurance companies and even within their different plans and policies. At the same time, you should determine and verify with your plan what your deductible and co-payment for the exam will be. You will be responsible for, and agree to pay, any costs of care that your insurance company determines are not covered, or denied, for any reason, whether or not pre-authorization is required or obtained under your insurance policy.
- By signing this form, you have been advised that your insurance company may determine, even after they provide pre authorization for your exam, that the services provided (or to be provided) by OSMRI during your visit are not covered under your policy, and you agree that, if your insurance company determines that any services are not covered, you shall be responsible for, and shall pay for, the cost of any such services.
- If you have health care benefits, OSMRI will submit a claim to your insurance company on your behalf. However, you are required, and you agree, to pay at time of service any required co-payments, co-insurance, and deductibles, as well as charges for services not covered by insurance, outstanding balances, and delinquent accounts. If your insurance plan is unable to provide this information to you, we can make good faith estimate for you based upon our experience with similar plans.
- If you do not have health care benefits, you agree to pay at the time of service all charges as well as any outstanding balances and delinquent accounts, or have agreed to with OSMRI.
- OSMRI allows more than the legal and customary amount of time after filing a claim to be reimbursed by insurance companies. If OSMRI has not received a response within this prescribed time, and in no event more than 75 days of having filed a claim for your exam, we will assume that the visit is not covered and is, therefore, your responsibility. At that time, to the extent permitted by law, we will bill you for the visit charges. Questions regarding non-payment by your insurance company should be directed to your insurance company, not OSMRI, as your coverage, or contractual relationship, under your policy is between you and your insurance company and OSMRI is not privileged to intervene. Usually, contacting your insurance company directly will solve any issue, although you may need to persist to resolution.
- You will be billed for any remaining unpaid balances deemed by OSMRI or your insurance company to be your responsibility. Unless you otherwise request, all bills and other communications from OSMRI will be sent to your address of record at OSMRI and will be in the name of the patient / guarantor who initially established your account. You are responsible for notifying us if you wish for a different address or name be used. You are responsible for paying the bill in full unless special arrangements have been approved in advance. There is a fee of \$25 for returned checks, or the maximum state rate if less. Delinquent accounts will be turned over to a collection agency at which time you will be responsible for collections charges and all associated legal fees in addition to the amount owed.

I have read, understand, and agree to the Payment Policies described above.

_____ Patient or Guarantor Name	_____ Signature	_____ Relationship to Patient	_____ Date
_____ Minor Patient's Name	_____ Relationship to Guarantor	_____ Witness Signature	_____ Date

*A Guarantor is the individual who accepts financial responsibility for services rendered to the patient. The Guarantor may be the patient, a family member, or a non-family member. In the event that patient is a minor or legally dependent person, then the guarantor must have the authority to take action on the patient's behalf. By signing is form as "Guarantor" on behalf of a minor or legally dependent person, you represent to OSMRI that you have such authority. The terms "you" and "your" as used in this document mean the patient's Guarantor.