



FINANCIAL POLICY

YOUR INSURANCE

As a courtesy to you, Turville Bay will file claims directly with your insurance carrier. We cannot bill your insurance unless you provide us with all of your insurance information. We accept Medicare assignment. You/your insurance will be billed by Turville Bay MRI Centers for technical service(s) rendered. In addition, you/your insurance will receive a separate bill from a radiology group (Madison Radiologists or University of Wisconsin Medical Foundation Radiologists) for the professional interpretation of your test. If your test includes sedation you/your insurance will receive a separate bill for anesthesia services.

WORKERS' COMPENSATION

You are responsible to follow up with your employer or your employer's workers' compensation carrier on the status of your claim. At the time of service, we require that you provide us with your health insurance and workers' compensation billing information. If your claim is denied or disputed, we will file the claim with your health insurance carrier. If you do not have health insurance, you will be required to make personal payment on your account. If the claim is found in your favor and the workers' compensation carrier pays the claim, you will be refunded for amounts you paid personally that are covered under workers' compensation.

BREAST MRI EXAM

If you are having a breast MRI exam, the images we create are sent to a computer-aided detection system or "CAD," which assists the radiologist in the analysis of the images. The charge for this service may not be covered by your insurance company. Any portion of the charge not paid by insurance will be your responsibility.

FINANCIAL ARRANGEMENTS

Any balance on your bill is your responsibility. We accept cash, checks, money orders, and credit card payments (MasterCard or VISA). Payment plans can be arranged upon review of financial information provided by you. In addition, you may be eligible for a financial assistance adjustment to your charges based upon your individual situation. Please request our Financial Assistance form if you feel you may qualify for such an adjustment.

PATIENT RESPONSIBILITY

I acknowledge that it is my responsibility to check coverage and obtain preauthorization, if my insurance requires it, prior to receiving services. I am responsible for payment regardless of the insurance company's determination of "usual and customary" rates. If Turville Bay MRI is not a participating provider for my PPO/HMO, I understand that I am responsible for payment of any penalties or co-payments charged by my insurance.

LIFETIME ASSIGNMENT OF BENEFITS

I authorize the release of information by Turville Bay MRI and Radiation Oncology Center to the extent that disclosure of my medical records is necessary for billing, collection, or payment of claims. I assign benefits to Turville Bay MRI Center for charges incurred by eligible persons covered under my current or subsequent insurance plan.

 Patient Name (please print) Patient/Guardian Signature Date

This form was interpreted to patient by _____
 Interpreter Signature Date

If signed by person other than patient, state relationship and authority to do so.

- Relationship to patient:**
- Legal Guardian
 - Parent of Minor
 - Financial Power of Attorney
 - Other

- Authority to do so:**
- Patient is a minor
 - Patient is incompetent/incapacitated

 Print name of individual signing

Internal Use Only

Reason for no signature _____

Staff Initials _____ Date _____