

AGREEMENT AND CONSENT TO CONDITIONS OF ADMISSION FOR OUTPATIENT IMAGING SERVICES, RELEASE OF INFORMATION, RECEIPT OF PRIVACY INFORMATION, INSURANCE ASSIGNMENTS, RESPONSIBILITY FOR PERSONAL ITEMS, AND PAYMENT OF CHARGES OF THE PATIENT WHOSE NAME APPEARS ON THIS CONTRACT HEREOF, THE UNDERSIGNED AGREE AS FOLLOWS:

CONSENT AND TREATMENT AUTHORIZATION: The undersigned Patient or other authorized representative of Patient does hereby consent to the rendering of diagnostic testing procedures and such medical treatment and care as the attending physician and other attending radiologists consider necessary and appropriate for the Patient's condition. Patient or Patient's authorized representative authorizes Visalia Imaging & Open MRI to furnish and provide such treatment, imaging procedures, drugs and supplies and other applications as may be ordered/ requested by the attending physician or those acting in his/her place.

PERSONAL BELONGINGS: It is understood and agreed that Visalia Imaging and Open MRI shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small compass and shall not be liable for loss or damage to any other personal property.

FINANCIAL AGREEMENT: The undersigned Patient and/or agent, if any, do hereby jointly and severally agree, in consideration for the rendering of services to the Patient, to pay the charges of Visalia Imaging and Open MRI in accordance with the regular rates and terms of payment of Visalia Imaging and Open MRI. The undersigned acknowledge that Visalia Imaging and Open MRI's services are charged to the Patient and/or agent, if there is not an insurance company. The undersigned Patient and/or agent, if any, accept full responsibility for charges denied or not covered by insurance. Should the account be referred for collection to an attorney, the undersigned agrees to pay reasonable fee and all costs of collection. All delinquent accounts may bear interest at legal rate.

The estimated Patient balance is due and payable at the time services are rendered. It is the undersigned's responsibility to make arrangements if unable to pay in full upon receiving the estimated Patient balance.

ASSIGNMENT OF INSURANCE BENEFITS/MEDICAL PATIENT'S RELEASE OF INFORMATION:

The undersigned authorizes, whether he/she signs as agent or as Patient, direct payment to Visalia Imaging and Open MRI of any insurance benefit otherwise payable to or on behalf of the Patient for imaging services at a rate not to exceed Visalia Imaging and Open MRI 's regular charge. It is agreed that payment to Visalia Imaging and Open MRI pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment. I, the undersigned, consent to the release of my medical information including reports, imaging studies, and all portions of my medical records to Visalia Imaging & Open MRI. I understand that this information will be used for diagnostic procedures and/or billing services, provided by Mineral King Radiological Medical Group, Inc. for use in the determination of medical necessity by the appropriate insurance payor(s). This consent shall be valid for whatever period of time is reasonable, necessary, or until I revoke this consent in writing.

I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me be released to the Social Security Administration or it's intermediaries or carriers of any information needed for this or related Medicare claim and I request that payment of authorized benefits be made on my behalf.

NOTICE TO MEDI-CAL PATIENTS: It is the policy of Visalia Imaging and Open MRI to accept Medi-Cal cards for services rendered to eligible persons. If, at the time of admission, the Patient has Medi-Cal or did not have Medi-Cal coverage or Visalia Imaging and Open MRI was not made aware of possible Medi-Cal coverage, the patient may be held responsible for any non-covered charges denied for payment by the Medi-Cal program.

RELEASE OF INFORMATION/NEW RELEASE/RESPONSE INQUIRIES: State law provides that upon an inquiry as to the presence or general condition of a specific patient, a health care facility may, unless otherwise requested by the patient, next of kin or the provider of healthcare, release at its discretion none, part of, all of, the following information: Patient's name, address, age and sex, and general condition of the Patient. To the extent necessary to determine the liability for payment and to obtain reimbursement, Visalia Imaging and Open MRI may disclose portions of the Patient's records, including medical record information to any person or corporation which is or may be liable for all or any portion of Visalia Imaging and Open MRI's charges, including but not limited to employer, insurance company, healthcare service plans, federal intermediaries, or workers compensation carriers. If it is requested information not be released, it is understood that the insurance carrier will still be notified. If it is requested that the insurance carrier not be notified then patient or responsible party will be responsible for all charges. Visalia Imaging and Open MRI will obtain the Patient's consent and his/her written authorization to release information other than basic information, concerning the patient, except in those circumstances when permitted or required by law to release information and this consent will apply to local, state and federal regulatory and other accrediting bodies review of the Patient's medical information.

Information may be released _____ DO NOT release information _____ Receipt of Privacy Policy _____
Initial Initial Initial
Patient/Patient Representative: _____ Date: _____ VIO : _____