OREGON IMAGING CENTERS

Financial Agreement and Notice of Privacy

Thank you for choosing Oregon Imaging Centers. We are committed to providing you with excellent care. We rely on financial resources to offer you expert staff, state-of-the-art technology and other services. This document will help familiarize you with our policies regarding privacy practices, insurance, and payment.

NOTICE OF PRIVACY PRACTICES

► I acknowledge that I was offered a copy of Oregon Imaging Center's Notice of Privacy Practices, which discusses how and when Oregon Imaging Centers will use and disclose my health information

EXPLANATION OF INSURANCE COVERAGE

Oregon Imaging Centers' services are covered by many health plans. However, plan participation is subject to change. While we do our best to inform you of insurance limitations, it is your responsibility to verify coverage with your insurer.

► I agree to assign medical benefits paid by my insurer(s) to Oregon Imaging Centers for application to my bill. I further agree to pay all charges not covered under my policy or those charges that are my responsibility. I also acknowledge and authorize Oregon Imaging Centers to use and disclose my health information to facilitate payment for the services I am receiving today.

DISCOUNT FOR PAYMENT IN FULL

A time of service discount is available if Oregon Imaging Centers does not bill your insurance, and you pay in full at time of service.

PAYMENT AGREEMENT

We appreciate your understanding and cooperation in making timely payment for the services we provide. You will receive more than one bill for today's exam(s):

- Oregon Imaging Centers will perform the exam and bill for our services.
- Radiology Associates will interpret your images and bill separately for that service.
- If your exam includes body fluids or tissue sampling, that testing will be billed separately by the laboratory and/or pathologist.

RESEARCH PATIENTS

I acknowledge that Oregon Imaging Center will be sharing my results with the Research program that I am enrolled in.

RELEASE OF INFORMATION

I give permission for Oregon Imaging Centers to receive reports/images for continuing care.

I acknowledge that I have provided Oregon Imaging Centers with my current insurance information (if applicable) and acknowledge that if I did not do so, my services may not be covered by my insurance. In the event I have not provided accurate billing information, I acknowledge that I will receive a bill for my services and that I am responsible for those charges.

I agree to pay for all non-covered services and any portion that is my responsibility within 30 days of billing or to contact Oregon Imaging Centers to arrange a payment plan. Failing to provide accurate insurance information could result in billing delays and additional charges.

► _____ _____

Signature of Patient or Person Authorized to Sign for Patient — Date

► _____ _____

Print Name of Person Authorized to Sign for Patient — Relationship to Patient