Open Multi-Positional MRI Center

Hampton Roads Orthopaedics & Sports Medicine

HROSM

Keeping Bodies in Motion

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Patient Data Sheet

The payment for services are due on the day services are rendered, unless other means of payment are agreed upon by the undersigned and HROSM/Open-Multi-Positional MRI Center and/or Radiology Specialists, PC. I authorize the filing of claims against any insurance in the force and any other third party payer including Champus, Medicare, or Workmen's Compensation carriers, and further assign and direct payment to HROSM/Open-Multi-Positional MRI Center and/or Radiology Specialists, PC. The undersigned understands that he/she is responsible for payment of any charges not covered by the assignment, and that any monies recovered in excess of the patient's indebtedness will be refunded. In the event of default on any payment due HROSM/Open-Multi-Positional MRI Center and/or Radiology Specialists, PC, I agree to pay all costs of collection as well as attorney's fee of 33-1/3%. I authorize the release of any medical information to process claims for services rendered.

I hereby authorize and direct that any balances due owing to HROSM/Open-Multi-Positional MRI Center and/or Radiology Specialists, PC will constitute a lien for their full amount as against any proceeds of insurance whether liability, medical payments coverage, or any settlements of any kind whatsoever, and I hereby authorize and direct my attorney or representative to honor this lien in full.

I agree to the above, authorize treatment, and acknowledge receipt of a copy of this agreement of my request and the payment and credit policy of HROSM/Open-Multi-Positional MRI Center and/or Radiology Specialists, PC.

Patient Signature:_____ **Date:**_____

Relationship to patient:_____

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I hereby authorize the release of my medical records to any treating physician and /or therapist to prevent any delays in treatment that may occur.

Patient Signature:_____ **Date:**_____

READING OF MRI STUDY AND RELEASE

Your MRI study will be forwarded to Radiology Specialists, P.C. for interpretation. The above information will be forwarded for their billing purposes. We are advising you there will be two separate billing parts for your MRI scan: one from HROSM (technical) and one from Radiology Specialists, P.C. (reading of the study)

Patient Signature:_____ **Date:**_____