



Payment Policy and Insurance Assignment/Release

I understand that should my treatment at Tidewater Orthopaedic Associates, Inc. include radiologic services performed on-site, there will be a cost for interpretation. Interpretation will be performed by Radiology Specialists, P.C.

Please read and sign the below Payment Policy and Insurance Assignment/Release to authorize insurance billing, release of information, and payment guarantee for Radiology Specialists, P.C.

Payment Policy and Insurance Assignment/Release

I authorize the filing of claims against Medicare, Medicaid, and other insurance or third party payer, and further assign and direct payment to Radiology Specialists, P.C. The undersigned understands that he/she is responsible for payment of any charges not covered by this assignment, and that any monies recovered in excess for the patient's indebtedness will be refunded. In the event of default on payment due Radiology Specialists, P.C., I agree to pay all costs of collection as well as attorneys' fees of 33 1/3 %. I authorize release of any medical information to process claims for services rendered.

I hereby authorize and direct that any balances due and owing to Radiology Specialists, P.C. will constitute a lien for their full amount as against any proceeds of insurance whether liability, medical payment coverage, or any settlement 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 and the payment and credit policy of Radiology Specialists, P.C. at my request.

Authorization to Release Medical Records

I hereby authorize release of my medical records to any other treating physicians or other providers rendering health care services on my behalf, for the purposes of diagnosis and treatment and to prevent any delays in treatment that may occur.

SIGNATURE _____ **DATE** _____
Relationship to Patient _____