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Bitterroot Imaging Open MRI, L.L.C. Financial Policy and Disclosure

Welcome to Bitterroot Imaging.

Payment for services is the responsibility of the patient or responsible party. Payment in full is due within 30 days of service unless previous arrangements have been made. All new patients may be required to pay a portion of their bill at the time of service.

Insurance: You are solely responsible for contacting your insurer in advance and obtaining any necessary pre-authorization or approvals. As a courtesy to you, we will bill your insurance company. If your policy has a co-payment, the amount must be paid at the time of service. If your insurance does not respond within 30 days, the bill will become your responsibility.

If your insurance company pays, they may assign an arbitrary value or your policy may include a provision for you to be responsible for a portion of your bill. It is not the policy of this office to routinely write-off balances that your insurance disallows or does not pay, except for those plans where our facility is a preferred provider.

Ownership Disclosure: Bitterroot Imaging Open MRI, L.L.C. is owned by four physician investors with medical practices in Missoula (Dr. K.C. Brewington, Dr. C. Beck, Dr. H. Chandler and Dr. C. Mack). If you would prefer to have your studies performed elsewhere our front office coordinator will assist you to make arrangements.

Radiologic Interpretation: Your studies will be reviewed and interpreted by an independent physician (subspecialty radiologist) who is associated with Franklin & Seidelmann Subspecialty Radiology with offices in Beachwood, Ohio. Additional information about the group is available on-line at www.franklin-seidelmann.com.

Please Read and Sign: I have read and understand the above information. I agree to be responsible for payment of all services rendered to me or my dependents, including fees above those designated as "usual and customary" by my insurance carrier. I agree that in the event of a dispute over fees or the collection of fees, the prevailing party shall be entitled, in addition to such other relief granted, to be reimbursed by the losing party for all costs and expenses incurred thereby, including, but not limited to, reasonable attorney fees and costs.

Patient's Name (please print)

Date

Signature of patient, responsible party (or parent if minor)

Date

Most major insurances accepted.

