

# Notice of Privacy and Financial Agreement

Quality care for our patients is our priority. Please take a few minutes to review the financial agreement and notice of privacy policy below and sign at the bottom of the form. If you have questions, please let us know.

## NOTICE OF PRIVACY PRACTICES

I acknowledge that Willamette Valley Imaging has posted its Notice of Privacy in its front lobby so that I can review it. I understand I can request my own copy of the privacy policy at any time and will be given one for free. The Notice of Privacy is a statement regarding how and when my health information will be utilized and communicated by Willamette Valley Imaging.

## EXPLANATION OF HOW INSURANCE COVERAGE WORKS

Willamette Valley Imaging accepts many different health plans. If you are covered by insurance, any deductible and co-payment will be due on the day of your appointment. Insurance is a contract between YOU and your insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your benefit. It is your responsibility to monitor your benefits and annual maximum. You agree to pay any portion of the charges not covered by insurance.

I authorize and assign my insurance benefits to be directly paid by my insurance company to Willamette Valley Imaging. I am financially responsible for any balance due. I authorize Willamette Valley Imaging to release any information required for processing of a claim. I authorize the use of my signature on all my insurance submissions whether manual or electric. I further authorize Willamette Valley Imaging to use and disclose my health information to obtain payment for the medical services I am receiving today.

## PAYMENT AGREEMENT

Willamette Valley Imaging understands that unforeseen circumstances and financial difficulties sometimes occur. In certain situations, Willamette Valley Imaging will set up a payment agreement for you. In the event this agreement is not honored, you agree to all costs associated with collection, including but not limited to attorneys' fees, collection costs and other expenses.

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Signature of Patient or Person Authorized to Sign for Patient

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Date

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Printed Name of Patient or Person Authorized to Sign for Patient

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Relationship to Patient