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www.xraydoctors.com

ASSIGNMENT OF BENEFITS FOR RADIOLOGY CONSULTANTS

1. I hereby instruct and direct that _____ Insurance Company or any other collateral source for which I be entitled to benefits with to pay by check monies owed for medical services rendered by the above payable to the above.
2. I further instruct my insurance company to cooperate with the above-captioned healthcare provider in resolving all medical billing disputes. Cooperation includes but is not limited to providing the following information:
 - A. Providing a payout sheet within thirty (30) days upon request.
 - B. Investigating and paying all claims within thirty (30) days after receipt of billing.
 - C. Providing said healthcare provider with a prompt and reasonable explanation in writing of the basis in the insurance policy, in relation to the facts of the case or applicable law, for denial of a claim or for the offer of a compromise settlement or payment or delay in payment past (30) days from receipt of this notice.
 - D. Informing the healthcare provider promptly as to what additional information is necessary for processing of this claim within thirty (30) days from receipt of this notice.
 - E. Returning all phone calls from the provider promptly.

These payment instructions are for benefits payable to me under my current insurance policy as payment toward the total charges for professional services rendered. I fully understand that said healthcare services are being provided to me in consideration for me providing these instructions to my insurance company and for me granting this irrevocable assignment of benefits. I also understand that I am responsible for any and all co-payments required by law or my insurance policy which co-payments is not permitted to be assigned under State law and/or my insurance policy.

By executing this document, I am placing my insurance company on notice that this is a direct assignment of benefits pursuant to State law. As the insured or beneficiary of said insurance policy, I am irrevocably assigning whatever rights I have under my insurance policy and under State law to this healthcare provider. A photocopy of these instructions shall be considered as effective and valid as the original.

Patient's Signature: _____ Date: _____

X-RAY AGREEMENT

I understand that my doctor is submitting my X-rays to Radiology Consultants whom are board certified chiropractic radiologists, for radiological evaluation and analysis by a specialist. I also understand that the fee for such services will be submitted to my insurance company, healthcare carrier, attorney or worker's compensation carrier for payment. I also understand that the following signature authorizes the release of medical information to the doctors listed under this letterhead, aka Radiology Consultants.

I have read the above terms and conditions and hereby agree to it.

Patient's Signature: _____ Date: _____

If not provided on some other form (i.e. GSR quickview), confidential patient billing information required on back.