

  
Radiographic & Fluoroscopy Services

Dear Patient,

- This letter addresses ***X-Ray services*** you will have at your surgery center.
- Vista Imaging Services, Inc. will be providing your **x-ray services** during your procedure.
- Our charges are *not included* in the Physician/Surgeon fees or the facility/surgery center fees. Our x-ray service Contracts separately with the surgery center.
- You may see separate charges or fees on your insurance statement related to your procedure from Vista Imaging Services, Inc.
- Please bring all insurance cards and/or forms on the day of your appointment.
- We accept most insurances, workers compensation and Medicare. However, we do not participate with all insurances. A claim will be filed on your behalf. You may have benefits or payments sent directly to you. You are responsible for these payments and any deductible or co-payment amounts. We accept all insurance payments as an in network provider. We do not balance bill.

**ASSIGNMENT OF BENEFITS**

I authorize payment of medical benefits to the provider of services rendered or to be rendered in the future, without obtaining my signature on each claim submitted, and my signature below will bind me as though I personally signed the claim. I understand that I am responsible for all charges not covered by my insurance. If this account should be referred to a collection agency, I will be responsible for all collection and legal fees. I authorize the release of any medical or other information necessary to process my medical claims. I also authorize payment of government benefits either to myself or to the party who accepts assignment; I have read and understand this policy and procedure.

\_\_\_\_\_  
Patient Signature-or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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Relationship to Patient