LAFAYETTE IMAGING, LLC

Patient Acknowledgment and Consent Form

Assignment of Benefits and Release of Information

I authorize my insurance benefits be paid directly to LAFAYETTE IMAGING, LLC. I understand that I am financially responsible for any balance not covered by my insurance. I authorize LAFAYETTE IMAGING, LLC to release any information required to process my claims. I authorize images and/or results of my MRI, CT or Xray to be sent to my referring physician and for continuity of care if I change physicians. I authorize LAFAYETTE IMAGING, LLC to request any outside medical records needed for aid in my treatment/diagnosis.

______________________________ ______________________________

(Patient or guardian signature) (Date)

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(Print Name) (Patient DOB)

Acknowledgment of Privacy Practice:

I understand that LAFAYETTE IMAGING, LLC may use and disclose the patient's personal health information to help provide quality health care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. LAFAYETTE IMAGING, LLC has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "Notice" before signing this acknowledgment. I understand that I have the right to request a paper copy of the "Notice" for my records. If you feel the privacy of your health information has been violated, you may file a complaint to the US Department of Health and Human resources or to our facility.

______________________________ ______________________________

(Patient or guardian signature) (Date)

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(Any names of individuals or doctors' offices that are allowed to request records or pick up records for the patient)

LAFAYETTE IMAGING, LLC

Patient Insurance Form

Financial Policy/Payment Policy

LAFAYETTE IMAGING, LLC is committed to providing you with quality care. As a patient of LAFAYETTE IMAGING, LLC, you are financially responsible for all medical services. Your clear understanding of our financial policy is crucial to our professional relationship. Our office will be pleased to discuss our professional fees with you at any time.

Insurance

- Please remember that your health insurance is a contract between you and your insurance company. It is YOUR responsibility to know your health plan benefits, including co-payment, deductibles, co-insurance, and lab contracts. As a service to you, we will submit all charges to your insurance company. You are responsible for any charges not covered by your insurance plan.

Please contact your insurance company with any questions you may have regarding your benefits and coverage.

Co-Payments, Deductibles & Credit Card on file

- Co-Payments, applicable deductibles and co-insurance amounts will be collected at the time of your visit. For our office to maintain compliance with our contract with our insurance carrier LAFAYETTE IMAGING, LLC cannot waive/discount any co-payment, deductible and/or co-insurance amounts.

LAFAYETTE IMAGING, LLC requires patients to keep a credit card on file for any payment plans being set up for the balance due after insurance has made payments to us (including both primary and secondary insurance companies).

This card will be used only to charge the balance due on the patient's account (Co-payments, co-insurance amounts and deductibles). *Itemized receipts can be e- mailed to you for any charges made on your card if you choose to provide an e-mail address.*

By signing this form, I authorize LAFAYETTE IMAGING, LLC to charge co-pays and outstanding deductibles on my account to the Credit Card on file or if not setting up a payment plan to file to my insurance.

Patient/Guardian   Date

LAFAYETTE IMAGING, LLC

Patient Referrals/Medical Records Form

Referrals

Some insurance plans require a prior authorization or a referral from a patient's primary care physician to see a specialist. You can determine whether you need prior authorization or a referral by checking your insurance card or by calling your insurance company, using the telephone number on the back of your insurance card. Contact your primary care provider if a prior authorization or a referral is needed for your visit. If either a prior authorization or referral is required, it must be received by us prior to your visit.

Medical Records

Per HIPAA guidelines, copies of medical records and/or billing details must be requested in writing, to ensure your privacy, a form for release of medical information must be completed prior to receipt of these items. All patients can request a copy of their medical records for a fee. This fee covers the administrative costs associated with copying the medical records. By law, we are allowed 30 days to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner. If you have an urgent need, please notify our office.

By signing below, I have read the policy above and agree to honor its items.

Patient/Guardian   Date