



Mountaineer Imaging
60 RHL Boulevard
South Charleston, West Virginia 25309
304-720-9729 (Phone) 304-720-9730 (Fax)

Mountaineer Imaging radiologists will be providing both the technical component *and* professional interpretation of your radiological examination. You will be charged an exam fee that includes *both* the technical service as well as the professional interpretation. This form grants your permission for Mountaineer Imaging to submit a claim on your behalf to your insurance plan or governmental benefit program. *It also assures that you are aware that you are financially responsible for any services not covered by your insurance or governmental benefit program.*

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

ASSIGNMENT OF BENEFITS:

I hereby authorize Mountaineer Imaging, who rendered radiology services to me, to submit claims directly to my Insurance Company. I further authorize my insurance carrier to pay Mountaineer Imaging directly all benefits due under my current insurance policy.

I HEREBY ACCEPT RESPONSIBILITY FOR CHARGES NOT COVERED BY MY INSURANCE CARRIER.

RELEASE OF INFORMATION:

I hereby authorize Mountaineer Imaging, who rendered services to me, to release any medical information necessary for billing purposes.

Signature _____ Date _____

Birthdate _____

Witness _____ Date _____

MEDICARE PATIENTS:

I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct.

I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf directly to the provider.

I further hereby authorize Medicare or their contracted carrier to furnish to the above named providers of service any information regarding my Medicare claims under Title XVII of the Social Security Act.

(Policyholder) Date _____

Patient (if not policyholder) Date _____

NOTE: This form shall authorize billing and payment only for services rendered to you by Mountaineer Imaging.