

Your health. Your Choice. Your MRI.

FINANCIAL RESPONSIBILITY

Name	FINANCIAL RESPONSIBILITY, IF	DIFFERENT FROM PA	ATIENT:	
Address City/State/Zip Telephone: Home Work Cell INSURANCE INFORMATION: Primary insurance company Policy ID Group name Policyholder name Insurance phone number Secondary insurance company Policyholder name Insurance phone number Tertiary insurance company Policy ID Group name Policyholder name Insurance phone number Tertiary insurance company Policy ID Group name Policyholder name Insurance phone number FINANCIAL RESPONSIBILITY: I hereby assign all medical benefits to which I might be entitled, including Medicare, Private Insurance, Liability Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that m insurance company fails to make payments for services rendered within sixty (60) days of billing, I will b personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collectio of the balance.	Name			
INSURANCE INFORMATION: Primary insurance company Policy ID Group name Policyholder name Insurance phone number Secondary insurance company Policy ID Group name Policyholder name Insurance phone number Tertiary insurance company Policy ID Group name Policyholder name Insurance phone number Tertiary insurance company Policy ID Group name Policyholder name Insurance phone number FINANCIAL RESPONSIBILITY: I hereby assign all medical benefits to which I might be entitled, including Medicare, Private Insurance, Liability, Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that m insurance company fails to make payments for services rendered within sixty (60) days of billing, I will b personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	Address		City/State/Zip	
Primary insurance company Policy ID	Telephone: Home	Work	Cell	
Policy ID Group name	INSURANCE INFORMATION:			
Policy ID Group name	Primary insurance company			
Policy ID Group name Insurance phone number Group name Insurance phone number Group name Insurance phone number Folicy ID Group name Insurance phone number Folicy ID Group name Insurance phone number Financial Responsibility: I hereby assign all medical benefits to which I might be entitled, including Medicare, Private Insurance, Liability Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that m insurance company fails to make payments for services rendered within sixty (60) days of billing, I will be personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	Policy ID		Group name	
Policyholder name Insurance phone number Tertiary insurance company Group name Policy ID Group name Policyholder name Insurance phone number FINANCIAL RESPONSIBILITY: I hereby assign all medical benefits to which I might be entitled, including Medicare, Private Insurance, Liability Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that m insurance company fails to make payments for services rendered within sixty (60) days of billing, I will be personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	Policyholder name		Insurance phone number	
Policyholder name Insurance phone number	Secondary insurance company			
Tertiary insurance company			Group name	
Policyholder name Insurance phone number	Policyholder name		Insurance phone number	
FINANCIAL RESPONSIBILITY: I hereby assign all medical benefits to which I might be entitled, including Medicare, Private Insurance, Liability Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that m insurance company fails to make payments for services rendered within sixty (60) days of billing, I will be personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	Tertiary insurance company			
FINANCIAL RESPONSIBILITY: I hereby assign all medical benefits to which I might be entitled, including Medicare, Private Insurance, Liability Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that m insurance company fails to make payments for services rendered within sixty (60) days of billing, I will be personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	Policy ID		Group name	
I hereby assign all medical benefits to which I might be entitled, including Medicare, Private Insurance, Liability Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that me insurance company fails to make payments for services rendered within sixty (60) days of billing, I will be personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	Policyholder name		Insurance phone number	
Worker's Compensation and all other health plans to Angelo MRI, for services provided and not yet paid in full. understand that insurance is a contract between me and my insurance carrier and that, in the event that me insurance company fails to make payments for services rendered within sixty (60) days of billing, I will be personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	FINANCIAL RESPONSIBILITY:			
understand that insurance is a contract between me and my insurance carrier and that, in the event that me insurance company fails to make payments for services rendered within sixty (60) days of billing, I will be personally responsible for the fee. If this account is turned over to a collection agency, I will be responsible for a collection fees, court costs, reasonable attorney's fees, interest, and any other charges regarding the collection of the balance.	I hereby assign all medical bend	efits to which I might i	be entitled, including Medicare, Private Insurance, Liability	
Patient/Parent/Legal Guardian Signature	understand that insurance is a insurance company fails to m personally responsible for the f collection fees, court costs, rea	contract between make payments for selections.	e and my insurance carrier and that, in the event that my rvices rendered within sixty (60) days of billing, I will be rrned over to a collection agency, I will be responsible for al	
Relationship to Patient		Signature		