



ARA Pooler Imaging, LLC Patient Financial Policy:

Per radiology compliance, we require a written order from a primary care provider in addition to prior authorization for certain diagnostic procedures. If your health insurance plan requires prior authorization for a diagnostic study, it is your responsibility to ensure we have received it prior to your exam. If you elect to undergo a diagnostic study not covered by a current authorization and your health plan denies payment, you will be responsible for payment of those charges. As a courtesy to you, we will file your insurance claims on your behalf. ARA Pooler Imaging, LLC encourages everyone to understand their coverage supplied by insurance providers for technical and professional services. If you are unsure of your plan benefits, please contact your insurance company directly.

Please read and sign the following statement. Ask for clarification of any questions you may have prior to signing:

“I have been informed by ARA Pooler Imaging, LLC. That my health plan could deny payment for the service(s) identified above. If my health plan denies payment, I agree to be personally and fully responsible for payment. I certify that the information I have reported with regard to my insurance coverage is correct.”

Printed Name: _____

Signature of Patient/Guardian: _____ **Date:** _____