



Conditions of Registration and Financial Agreement

For Inview Imaging & Affiliate Imaging Providers

Please read the document carefully.

- 1. Medical Treatment and Consent:** I, the patient or legal representative, consent to the procedures that may be performed during this visit. These may include, but are not limited to, emergency treatment or services, laboratory procedures, x-ray examinations, medical procedures, or services provided under the general and special instructions of my physician or surgeon. I understand that I am under the care and supervision of my physician and it is his/her responsibility for obtaining my informed consent when required for specific medical or surgical treatment and special diagnostic or therapeutic procedures. I acknowledge that no guarantee has been made to me as to the results of examination or treatment.
- 2. Teaching/Imaging:** I consent to the taking of photographs, videotapes, digital or other images, and surveillance monitoring for purposes of my diagnosis, treatment or for operations, including peer review, education or training programs. My consent will be requested for non-treatment photography, such as marketing or external purposes. Under the supervision of the lead technologist or radiologist, interns, medical students and other health care personnel in training may participate in my care as part of their medical program. ☐ Yes ☐ No
- 3. Release of Information:** I have received a copy of the Notice of Privacy Practices (HIPAA) which describes when Inview Imaging and its affiliates may use or disclose my information for treatment, payment or health care operations. The NPP is incorporated into these Conditions of Registration and Financial Agreement by this reference. This notice is only provided the first time I receive services from Inview Imaging and its affiliates and is otherwise available on request.
- 4. Personal Valuables:** As a patient, I am encouraged to leave all valuable, personal items at home. While Inview Imaging and its affiliates provide patient lockers for personal items of value, the company and its staff are not responsible/liable for the securing of these items.
- 5. Financial Agreement:** I accept financial responsibility for all services I receive regardless of any insurance claim outcome. This includes financial responsibility for all deductible and copay amounts determined by my insurance plan. As a courtesy, Inview Imaging and its affiliates will obtain an ESTIMATE of coverage and out-of-pocket fees but will not be held responsible for the information received. The information received is not a guarantee of payment or eligibility. Your final balance may differ once the insurance processes the claim. I further understand that final determination of my claim status is the sole responsibility of my insurance company. I agree to promptly pay all bills in accordance with the regular rates and terms of Inview Imaging and its affiliates and federal and state laws. Should the account be referred to an attorney or agency for collection, I further agree to pay actual attorneys' fee and collection expenses. All delinquent accounts are subject to interest at the legal rate.
- 6. Assignment of Insurance Benefits:** I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance, auto, or any other health/medical plan to issue payment directly to Inview Imaging and its affiliates for services rendered to myself and/or dependents. I understand that I am financially responsible for any charges not paid in accordance with this assignment.
- 7. Medicare Assignment:** I request that payment of authorized Medicare benefits be made on my behalf for any services rendered by Inview Imaging and its affiliates. I certify that the information I have provided to Inview Imaging and its affiliates to assist in applying for payment under Medicare is correct.
- 8. A holder of this Medical Debt** contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.
- 9. I authorize Inview Imaging** to communicate with the treated patient via email for future appointments, billing, and updates on our services.
- 10. I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Conditions of Registration, and Financial Agreement and Assignment of Insurance Benefits.**

Patient Name

Patient / Guarantor / Responsible Party Signature

Date

If signed by someone other than the patient, relationship: _____