



#1079100

Weiler, Nathan

11-20-84

Patient Responsibility and Authorization to Release Information to InsuranceInsurance: Amerihealth Caritas - Auth# NIA14PA03670Description of service: C spineProcedure code 72141 Diagnosis code (indicated by your doctor) _____

Facility name: MRI Group 33-1011386

Individual insurance plans vary considerably and we cannot predict or guarantee what services will or will not be covered by your insurance plan listed above. You are ultimately responsible for all your medical expenses. Therefore, we will expect you to pay any balances not covered by insurance to the extent of your legal responsibility. Please contact your insurance carrier to verify your eligibility and coverage.

If your insurance plan requires pre-certification or authorization, please inform the physician ordering your procedure. Although the MRI Group will assist you in obtaining any authorizations or pre-certification for services required, you remain financially responsible for any services rendered that are not approved or denied, including the denial of services as non-covered or not medically necessary. The fact that insurance may not pay for a particular service, or the frequency of services, does not mean that you should not receive them, especially if your physician recommends that you receive these services for the continuance of your health care needs.

We particularly advise your requesting benefit coverage if you are insured with any Blue Shield or Blue Cross plans.

The purpose of this notice is to help you make an informed choice about whether you want to receive these services, knowing that you might have to pay for them yourself.

By signing below, you authorize the MRI Group to release all information, including all or any part of your medical records to your insurance carrier, employer (Worker's Compensation only) or any third party payor which may be responsible for the payment of your services. If your insurance does not cover the services, then you agree to take financial responsibility for the full cost of the services listed above.

Patient/Guardian Signature Nathan Weiler Date 9-10-14Witness Signature NS. Date 9-10-14