

## **Financial Policy**

Thank you for choosing Crown Valley Imaging,LLC (CVI) for your care. We are committed to providing the highest quality and exceptional customer service. The following information is provided to remove any confusion regarding payment for the procedure/s you have at our office. If you have any questions regarding our service or your financial obligation for that service, please feel free to discuss your concerns with us, by calling **949-900-6847** or by emailing **billing@cvimaging.net** 

Payment in full is required at the time of service for:

- 1. Patients who choose to self-pay
- 2. Patients who are not covered by one of our contracted insurance plans.
- 3. Patients with outstanding patient responsibility balances owed or whose account has been placed with a collections service, are required to pay the owed balance prior to obtaining further imaging.

ALL COPAYS ARE DUE AT TIME OF SERVICE. CVI accepts cash (exact change), personal checks, Visa, MasterCard, Discover and American Express. Payments may also be made online at <a href="https://www.crownvallevimaging.com">www.crownvallevimaging.com</a>

- All returned checks will be billed a \$30.00 service charge.
- You will be responsible for other costs of collection permitted by law and CVI reserves the right to utilize a debt collections agency.
- Late Fees of \$20.00 will be assessed starting at 60 days past due of the initial patient responsibility statement and will continue to be added monthly until paid in full.
- We may charge you No-Show fees (lost business opportunity per CMS) for any missed appointments without 24 hours prior notice. Those charges may appear on your statement.
  - o No Show Fees are as follows
    - \$50 per missed X-Ray or DEXA appointment
    - \$75 per missed CT or US appointment
    - \$100 per missed MRI appointment
- As a courtesy we will bill contracted insurance plans and Medicare. You will receive a statement detailing the insurance payment and the patient owed portion.
- If the patient is a minor, the parent or guardian is responsible for payment of the account.
- Our staff will answer any questions you may have about how we obtain authorization and bill your insurance, however it is your responsibility to understand your insurance coverage.
- You may be mailed a statement showing all charges billed to insurance, your patient responsibility balance and any past due amounts
  - o We may also email you statement
- We may contact you to follow-up on past due balances
  - o To avoid collections activity, we encourage you to to pay your remaining balance within 30 days of receipt of your statement