

GREGERSON RADIOLOGY CONSULTS

0s630 Preston Circle
Geneva, IL 60134
Phone (630) 845-0862

I understand that it is my doctor's policy to have the x-rays taken in his /her office interpreted by a board certified radiologist in order to provide me with the best quality care. I accept that a fee will be charged for the interpretation of my x-rays; independent from any financial agreement made with my referring doctor, and that I am personally responsible for this fee. I understand that, if applicable, my insurance company may be billed directly by GREGERSON RADIOLOGY CONSULTS and that I am personally responsible for any portion of my bill not met by my particular policy, no matter what the reason. I assign and authorize direct payment of any insurance benefits to be paid directly to GREGERSON RADIOLOGY CONSULTS for their professional radiology services. I also authorize release of any medical information concerning my case.

Signed (Insured/Authorized person) _____ Date _____