



VANCOUVER RADIOLOGISTS, PC
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Payment Policy

We at Vancouver Radiologists are sensitive to the ever increasing cost of health care. For this reason, each of our radiologists is dedicated to rendering only those professional services which are deemed to be necessary and appropriate. To assist us in controlling the costs associated with these services, we have implemented the following payment policy. We encourage you to retain this copy of our payment policy for your records.

Fees

Vancouver Radiologists offers a broad range of imaging and surgical services. Each of these services is billed separately. The rate for a particular service is available upon request.

Additional fees may be assessed for returned checks and copies of medical records.

Insurance

We bill insurance carriers as a courtesy to our patients. This service requires that we have the signature of the patient and/or guarantor on file. We may attempt to verify insurance benefits in advance; however, this is not a confirmation or guarantee of insurance coverage or payment. Thirty days are allowed for insurance claims to be processed after which the patient is held responsible for payment. Resolution of coverage disputes with an insurance company is the responsibility of the policyholder.

Payment at the Time of Service

Patients without insurance coverage are required to make payment at the time of service.

Billing

Insurance claims are prepared and submitted on a regular basis. Statements are prepared and mailed to patients every 28 days. These statements provide an itemization of all account activity. Account balances older than 30 days may be subject to a finance charge of 1.5 % per month (annual rate of 18%). Accounts declared delinquent may also be subject to collection and legal fees no less than 35% of the principle amount.

Exceptions

Requests for exceptions to this payment policy are reviewed by the Patient Account Representative on a case-by-case basis. When payments by installment is deemed necessary, a written agreement will be drafted by the Patient Account Representative and signed by the responsible party(ies).