

**SOUTHTOWNS RADIOLOGY ASSOCIATES**

**Advance Beneficiary Notice**

DATE: \_\_\_\_\_ PATIENT: \_\_\_\_\_ INSURANCE: \_\_\_\_\_

***You are receiving this Notice because your health insurance company may not pay for certain services or items from Southtowns Radiology Associates, LLC., and you must decide whether or not to receive them.***

You should:

- Read this Notice carefully so you can make an informed decision about your care.
- If you are uncertain or need more information, ask your Southtowns Radiology Associates, LLC. professional.
- Decide whether or not you wish to receive these services or items, indicate your decision below, and sign and date this form.

<b>Services or Supplies</b>	<b>Why Insurance May Not Pay</b>	<b>Estimated Cost</b>
Screening 3D Tomosynthesis Mammogram	May not be a covered benefit of your insurance policy at this time.	\$60.00
Diagnostic 3D Tomosynthesis Mammogram	May be applied to the patient responsibility portion of your insurance policy. (Example: your deductible, coinsurance or copay)	\$200.00

*(Check the correct choice)*

\_\_\_\_\_ YES I want to receive these services or items. I acknowledge and agree that if my insurance company denied payment in whole or in part, Southtowns Radiology Associates, LLC. will bill me for the unpaid portion and I will be personally responsible for payment. If my insurance company ultimately pays for these services or items, Southtowns Radiology Associates, LLC. will refund an appropriate portion of what I have paid. I will also be responsible for any deductible, co-payment or other charge not covered by your health insurance.

\_\_\_\_\_ No I have decide not to receive these services or items. I understand that the fact that insurance will not pay for these services or items does not mean that I should not receive them; however, I have made an informed decision not to receive them.

By checking "YES" and signing this Notice, you agree to personally pay the cost of the services or items listed above if your health insurance company denies coverage.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature)*