

# Stockdale Radiology Financial Policy

Effective Date: February 2026

Thank you for choosing Stockdale Radiology for your imaging needs. We are committed to providing high-quality, patient-centered care and appreciate your cooperation with our financial policies. This policy outlines your responsibilities as a patient and how billing is managed.

## 1. Patients with Medical Insurance

- You are responsible for providing **current, accurate insurance information** before services are rendered.
- Please notify us promptly of any changes to your coverage. Missing or outdated insurance details may result in delays or **patient responsibility** for the full cost of services.
- We participate in most major PPOs, HMOs, Medicare, and other government health plans. Our team will file claims and assist with the billing process. However, your insurance plan is the final authority on benefit coverage and payments.

## 2. Time-of-Service Payments

- **All copayments, coinsurance, deductibles, and outstanding balances** are due at the time of service.
- In addition to any required copay, we may collect **up to 30% of your estimated remaining financial responsibility** based on your plan benefits.

Please note:

- This is only an **estimate**, not a final bill.
- Final balances are determined by your insurance company after processing your claim.
- You will receive a statement for any remaining amount due once claims are finalized.

### REFUNDS FOR OVERPAYMENT

If your insurance provider determines that you have overpaid, we will issue a **refund within 90 days of final claim adjudication**. Refunds will be returned to the original payment method when possible.

## 3. Non-Covered or Out-of-Network Services

- You are financially responsible for services that your insurance deems:
  - Not covered under your plan;
  - Out-of-network;
  - Medically unnecessary;
  - Missing required prior authorization.
- While we make every effort to verify coverage in advance, **it is your responsibility to understand your plan's benefits and limitations**.

## 4. Uninsured or Self-Pay Patients

- We offer discounted rates and flexible payment options for patients without insurance or those who choose to self-pay.

- Please inform us in advance if you do not have insurance, so we can discuss options for managing your account.
- If you are uninsured or self-pay, you may request a Good Faith Estimate of expected charges.

For more information about your rights under the No Surprises Act, visit:  
<https://www.cms.gov/nosurprises/consumers>

## 5. Payment Plans and Financial Flexibility

- If you are experiencing temporary financial hardship, please contact our billing department. While we are a for-profit practice and do not offer charity care, we may be able to offer short-term payment arrangements to help manage your balance.

## 6. Statement Balances, Collections, and Returned Checks

- You will receive statements for any unpaid balances. Please contact us with questions or disputes **within 30 days** of the billing date.
- **Past-due accounts** may be referred to a third-party collections agency. This could affect your credit report.
- You have the right to **dispute any balance** before it is sent to collections or reported to credit bureaus.
- A **\$50 fee** will be charged for returned checks. Future payments may require certified funds or alternate methods.

## 7. Missed Appointment Policy

- Please notify us at least **24 hours in advance** if you need to cancel or reschedule.
- Missed appointments without notice may result in a **\$40 no-show fee**, which is **not billable to insurance**.
- We may waive this fee for emergencies or with timely communication.

## 8. Patient Rights and Accessibility

- This financial policy is available in Spanish and alternative formats upon request.
- If you require assistance due to a disability or language preference, please let our staff know.
- You may request a paper copy of this policy at any time.

## 9. Agreement Acknowledgment

By signing below, you acknowledge and agree that:

- You have reviewed and understand this Financial Policy.
- You accept financial responsibility for services not covered by insurance.
- You authorize Stockdale Radiology to:
  - Submit insurance claims on your behalf;
  - Release necessary information to process those claims;
  - Receive direct payment from your insurer.
- This policy remains in effect unless revoked in writing.
- Material changes to this policy will be posted in our office and/or on our website.

Patient Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

For billing questions or to request a Good Faith Estimate, please contact our billing department at:

Phone: [Insert Billing Phone Number]

Email: [Insert Billing Email]

Website: [Insert Website URL]