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CT Scans * Full Body Ultrasound * Bone Density (DEXA) Scans * Breast Imaging

[Insurance as well as SelfPay Payment Agreement.docx](#)

MRN: _____

Insurance as well as Self-Pay Payment Agreement

Thank you for choosing our clinic. We are happy to serve your health care needs!

Although our medical clinic does not have control over the policies of your insurance company...we want you to know what to expect so that you can make an informed decision. Due to the numerous insurance options available, your policy may or may not cover, in part or in whole, the services provided by our clinic.

Examples:

- Most insurance policies only cover 1 DEXA (bone density scan) every 732 days (2 years).
- Most insurance policies only cover 1 screening mammogram every 366 days (1 year).
 - However, if you want an exam more frequently, or if there is a reported breast problem, or if an abnormality is seen that necessitates additional exams ("diagnostic", "sonogram", etc.) some insurance plans require the patient to pay a deductible before covering these exams or procedures.

If you have questions about your insurance policy, please call the member services phone number on the back of your insurance card.

"Self-Pay Option": Occasionally, some of our patients prefer not to follow their insurance policy's rules (requirements which can delay the patient's exam). For your convenience, we also allow patients the option to "Self-Pay". A "Self-Pay" price is available for patients who want to pay for our medical services and will not be submitting the claim to an insurance carrier. If you choose "Self-Pay", you understand:

- All fees for the "Self-Pay" service must be paid on the date of service, and these fees only cover the services rendered on that date.
- "Self-Pay" services likely are not reimbursed by your insurance carrier nor applied to your deductible.
- Depending on your insurance company's policy, any follow-up visits pertaining to the "Self-Pay" visit could potentially be "Self-Pay" as well.

As with any medical practice, patients are responsible for any balance their insurance policy does not cover. Any balance that is not "paid in full" by 60 days following the date of service is given to a Collection Agency. The agency charges a 33.3% fee to collect payments, which increases the amount owed by 33.3%. The undersigned agrees to pay all costs of collection, including court costs, reasonable interest, reasonable attorney's fees and collection fees.

Please sign below to agree to our payment policies, whether paying via Insurance or via "Self-Pay".

Full Name (First, Middle, Last): _____

Any other prior names: _____

DOB: _____ **SSN#:** _____

Signature of Patient or Patient Representative

Date

If other than the patient, please specify relationship to the patient: _____

Locations:

100 Sarah's Ln, Somerset, KY 42503
38 Dr. Joe T. Pettey Dr., Russell Springs, KY 42642