



X-Ray Assignment Agreement

I authorize Advanced Physical Medicine & Therapy to take any necessary x-rays. I understand that to assure the highest quality of interpretation of my x-rays, the services of a radiologist may be utilized for a second opinion. I also understand that the fees of this service may be submitted to my insurance carrier, workers compensation or attorney in the case of a personal injury.

The following signature authorizes the release of medical information to:

**Dr. Michael P. Fergus
P.O. Box 986
Plainfield, IL 60544-0986**

In the event that my insurance company sends me payment for these services, I agree to promptly remit such payment to Dr. Michael P. Fergus.

I understand that these x-rays are property of Advanced Physical Medicine & Therapy. If I request to borrow my x-rays, I will be charged a deposit of \$30 that will be held by Advanced Physical Medicine & Therapy until such time that I return my x-rays.

Patients: Please read the following before signing.

- 1. I have been informed that the x-rays my doctor has taken will be interpreted by a radiologist, and that the radiologist (MP Fergus, SC) has a separate fee.**
- 2. I understand I am responsible for any charges that are not covered, in part or in full, by my insurance. I understand that I will receive a separate bill from the radiologist for these charges.**
- 3. I authorize the release of medical information necessary to process the claim for insurance purposes and assign medical benefits directly to MP Fergus, SC.**
- 4. I have been informed of HIPAA guidelines and I understand that the radiologist is also compliant with HIPAA.**
- 5. (For Medicare patients only) I understand that Medicare does not provide coverage for the interpretation of x-rays.**

Pregnancy Release Form

This is to certify that to the best of my knowledge, I am not pregnant and that Advanced Physical Medicine & Therapy has my permission to take x-rays.

Signature _____

Print Name _____

Date _____

Witness _____