

POINT OF SERVICE COLLECTION RATES

EFFECTIVE 5/1/14
For Physician Offices

	<u>Contracted</u>	<u>Medicare & TriCare</u>	<u>Self-Pay</u>
CT	\$30.00	\$15.00	At time of Service
Diagnostic x-ray	No POS Collection	No POS Collection	At time of Service
Fluoroscopy	\$21.00	\$12.00	At time of Service
Screening Mammography	No POS Collection	No POS Collection	At time of Service
Diagnostic Mammography	\$25.00	\$25.00	At time of Service
MRI	\$100.00	\$33.00	At time of Service
Myelography (Contrast)	\$25.00	\$17.00	At time of Service
Ultrasound	\$15.00	\$10.00	At time of Service
Dexa	No POS Collection	No POS Collection	At time of Service
PET	\$250.00	\$100.00	At time of Service

NOTES:

- (1) Oregon Medicaid, Trillium, and other managed Medicaid programs are exempt.
- (2) For patients receiving multiple services of the same or differing modalities, the POS amount will represent the addition of the multiple amounts.
- (3) The above amounts are only conservative estimates. They do not include deductibles, contrast materials/other supplies, the professional fee that will be billed by Radiology Associates, or even the full copayment/coinsurance amount for the higher valued services within the modality.

Insurances included:

<u>Contracted</u>	<u>Medicare</u>
All payers other than the following:	Medicare
*Those under Medicare	TriCare
	*Medicare Advantage or Replacement Plans

20% Discount for payments at Time of Service: If you are uninsured or receiving a service not covered by your insurer, and you pay the full estimated charges at the time of your exam, 20% discount will be applied.

We offer a payment plan to those who qualify Call 1-800-721-5052 to set up a payment plan.