ALLIANCE HEALTHCARE | RADIOLOGY

ASSIGNMENT OF BENEFITS AND NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

This agreement allows Alliance HealthCare Services, its Subsidiaries and Affiliates (Alliance Radiology) to bill Medicare, or any other insurance company providing benefits on your behalf, for diagnostic services performed by Alliance Radiology. In Medicare assigned cases, Alliance agrees to accept the Medicare "allowable charge" as the full charge.

I understand that my signature below authorizes payment to be made directly to Alliance Radiology on my behalf for all payable benefits on any and all insurance policies that may be in force.

I understand that I am responsible for the payment of any patient liability including, but not limited to, deductibles, coinsurance or non-covered charges.

Alliance Radiology's Notice of Privacy Practices (NPP) describes how your Protected Health Information may be used or disclosed as well as your rights related to the privacy of your Protected Health Information. You are encouraged to review our NPP and to understand your rights and the provisions of our NPP. Alliance Radiology welcomes any NPP-related questions you may have.

My signature below acknowledges that I have been offered a printed copy of Alliance Radiology's Notice of Privacy Practices. My signature does not necessarily indicate that I have reviewed the content of the NPP or that I have accepted its provisions.

Signature of Patient or Patient's Legal Representative _____ Date _____

Print Name of Patient _____

Print Name of Legal Representative (if applicable) _____ Relationship to Patient _____