



AUSTIN
SPORTS
MEDICINE

Central Park Medical Office Building
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MRI Billing Information Waiver

Patient Name: _____

Chart#: _____

Important information on billing for your MRI services: Austin Sports Medicine bills for the TECHNICAL component ONLY on your MRI. The PROFESSIONAL component is billed by our partners at ARA Diagnostic Imaging. This means you will be responsible for paying your share of costs to BOTH Austin Sports Medicine AND ARA Diagnostic Imaging.

We bill your MRI in 2 parts to have your MRI read and interpreted by trained Physician Musculoskeletal Radiologists as well as your Orthopedic Surgeon to ensure the best possible care for you.

Insurance filing: Insurance that is provided to Austin Sports Medicine will be used to file claims for processing by both Austin Sports Medicine AND ARA Diagnostic Imaging. Austin Sports Medicine will call you before your appointment to give you a quote of benefits for the TECHNICAL component ONLY. Payment of the ESTIMATED portion will be due on the day of your MRI. Once the claim is processed, the actual amount due could differ from what we quoted you. We will bill you/send a refund based on the EOB (explanation of benefits) we receive from your insurance company.

ARA will bill your insurance company for the PROFESSIONAL component separately. They are contracted and in-network with most major carriers. To determine your level of coverage, please contact your insurance company directly.

Self-Pay or non-covered services: Please contact ARA at 512-519-3443 to discuss discount opportunities.

Payment Arrangements: ARA can offer payment arrangements if needed with no interest or additional fees. Please contact them directly for additional information.

We strive to make your MRI experience positive and enjoyable; please call us with any questions or concerns. You may also want to review Patient Resources information on our website AustinSportsMed.com.

By signing this form, you understand and agree that your MRI charges will be billed by both Austin Sports Medicine and ARA Diagnostic Imaging.

Patient/Responsible Party Signature: _____ Date: _____