



RHODE ISLAND MEDICAL IMAGING

Patient Financial Policy for all Services Rendered in 2026

Participating Insurance

- Rhode Island Medical Imaging participates with most medical insurance plans in the area.
- We will file a claim on your behalf and accept contracted payments for covered services.
- You are responsible to pay for all plan deductibles, co-insurance, co-payments and non-covered services associated with the exam rendered at the time of service. (Out of pocket expenses)
- It is your responsibility to contact your insurance and understand your benefits.

Out of Network Insurance

- If Rhode Island Medical Imaging does not participate with your insurance, we will comply with the “No Surprise Billing Act”. If we receive out of network payments from your insurance company, we will limit the amount that would have been paid for services provided by an in-network provider.

No Insurance

- Payment in full is expected at time of service.

Outstanding Balances

- Patients with an outstanding balance with Rhode Island Medical Imaging will be expected to pay that balance at the time of their scheduled exam.
- This may include balances due for services provided by our physicians at all of our hospital affiliates.

Payment Policy

- If a payment is not made within 30 days of your first billing statement, your account may be referred to an outside collection agency.

Credit Card Policy

- I authorize Rhode Island Medical Imaging to securely store my credit card (last 4 digits), and only charge it should I have an outstanding balance after my insurance pays or have set up a monthly payment plan.

Message Authorization

- I authorize Rhode Island Medical Imaging to text, e-mail, or leave phone messages for me regarding upcoming appointments, procedures and billing information.

Patient Financial Services representatives are available on weekdays from 7:30am to 6:00pm; please call (401) 432-2500.

We accept MasterCard, Visa, American Express, Discover, personal checks, and cash. You may also pay directly from your cell phone upon receipt of text message.

Please Read and Sign Below

I have read, understand and agree to this financial policy. I authorize the release of any medical or demographic information necessary to process services for payment. I understand that by signing this document it pertains to all services provided by Rhode Island Medical Imaging during this calendar year. The State of Rhode Island general laws prohibit credit bureaus from reporting medical debt or factoring medical debt into a credit score.

Signature of patient or responsible party

Date

Account #



12/10/2025 AMZ

Thank you for choosing Rhode Island Medical Imaging.