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CT Scans \* Full Body Ultrasound \* Bone Density (DEXA) Scans \* Breast Imaging

## **Insurance and Payment Policy**

Thank you for choosing Kentucky Breast Care. We are happy you are here!

Due to recent changes in the healthcare laws and the numerous policies now available, your policy may or may not cover, in part or in whole, your screening mammogram. If you have questions about how your policy will process, please call the member services phone number on the back of your insurance card. Patients will be responsible for any balance their insurance company applies to them.

If there is a reported breast problem, or if a potential abnormality is seen on mammography that necessitates further work up, some insurance plans will require that the patient meet a deductible before covering these portions of the exam. This is specific to the particular plan to which you subscribe.

Any balance that is not "paid in full" by 60 days following the date of service is given to a Collection Agency. The agency charges a 33.3% fee to collect payments, which increases the amount owed by 33.3%. The undersigned agrees to pay all costs of collection, including court costs, reasonable interest, reasonable attorney's fees and collection fees.

f you have any questions regarding our policy, please ask us.	
Sign below to indicate that you understand o	o indicate that you understand our billing policies.  Date
Printed Name	Date
Patient Signature	Date