



(this space for hospital use only)

Agreement for Third Party Medical Imaging Examinations

St. Joseph's Healthcare, Hamilton, requires completion of this Agreement prior to booking or performing Third-Party imaging examinations. This form must accompany all Third-Party referrals.

Part A

I, (print name) ... being an authorized representative of (insert name of Insurance Co./ Employer/ Law Office) ... agree to assume all responsibility for the funding of this test on a third-party basis including compliance with the cancellation policy and payment policy. I also confirm that the patient is not paying for his/her test privately, is not related to the third party funding the test and that the patient is not directly reimbursing the third party.

I recognize that a copy of this document and a copy of the test results will be placed on the hospital patient record and all issues pertaining to confidentiality and release of records will comply with St. Joseph's Healthcare, Hamilton, policy and the Public Hospital's Act and other related legislation and standards.

Payment is due to upon receipt of the relevant invoice.

Print Name: Title: Signature: Phone Fax: Date: This test is required for: Benefits Rehab/Assessment Legal Reasons

Part B

Name of Patient: Claim/Reference # (required): Insurer/Employer/Law Office Requesting Test: Contact Name: Contact's Phone #: Contact's E-mail:

Part C Name and address of institution to be billed for the test:

Copies of the report to be sent to: 1) 2)

To be completed by the patient after review by the staff at the Imaging Centre.

Patient: I have read and understand the information above and verify that it is correct. I authorize St. Joseph's Healthcare, Hamilton, to release the information specified above to the individuals named above.

Date: Printed Name: Signature:

Cancellation Policy

If patient does not show for their appointment or the test is cancelled with less than 24 hours' notice, a fee equal to 50% of the cost of the exam will be charged to the party responsible for funding the test (ex. standard MRI - \$447.50)