

FOR YOUR SAFETY

All of the x-rays that we take at this facility are sent to Spinal Imaging, Inc. for a detailed x-ray report. This analysis is done by a board certified radiologist. This provides our doctors with a second opinion to assure your complete safety. As a courtesy to us, Spinal Imaging offers a discounted rate of \$20 to those patients who do not have health insurance coverage. All others are subject to a co-payment (which should not exceed \$20) or deductible (if required by your insurance company).

By signing this form it is understood that your x-ray films will be sent to Spinal Imaging and that you are subject to the terms and conditions of your insurance company for the analysis or in the case of no insurance there will be a \$20 charge which will be billed to you by Spinal Imaging.

Patient Name: _____

Signature: _____

Date: _____