

**ASSIGNMENT OF MEDICAL BENEFITS &  
INFORMED CONSENT**

I understand that **my doctor is submitting my x-rays to Midwest Radiology Consultants for radiological evaluation.** I also understand that the fee for such services will be submitted to my insurance company, workers' compensation carrier, or my attorney.

**I authorize my insurance company to pay directly to Midwest Radiology Consultants for services rendered.**

In the event my insurance company, attorney, or workman's compensation carrier does not reimburse for the fee in full, or if I do not have insurance coverage, **I agree that I am directly responsible for the charges or any unpaid portion.** Returned checks for insufficient funds will be assessed a \$20.00 service charge. *Accounts delinquent by 90 days from the time of my 1<sup>st</sup> billing statement may be placed with a legal collection agency. I am fully responsible for all collection costs unless prior payment arrangements have been made with Midwest Radiology Consultants.*

I understand that Dr. Doran L. Nicholson is not a participating provider in my insurance plan and that his services may not be covered by my insurance. *I also understand that this service is not covered by Medicare or Medicaid.*

**In the event that my insurance company sends payment directly to me, I agree to promptly remit such payments to Midwest Radiology Consultants.**

**Patient Signature:**

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(Patient, Parent or Guardian)

**Date:** \_\_\_\_\_

**MIDWEST RADIOLOGY CONSULTANTS**  
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Phone: 816 525-2822  
800-454-2822  
Doran L. Nicholson, D.C., D.A.C.B.R.