

Iowa Radiology

12368 Stratford Drive, Suite 300, Clive, Iowa 50266

6000 University, Suite 150, West Des Moines, Iowa 50326

1221 Pleasant Street Suite 350, Des Moines, Iowa 50309

Release of Records and Authorization of Insurance Records:

I give Iowa Radiology the consent to treat me as a patient in their facility. I hereby authorize any medical facility to release my previous x-ray films or mammograms and reports to Iowa Radiology for comparative purposes. In addition, I authorize Iowa Radiology to release my x-ray films and reports to any other facility for comparative purposes.

I give permission to release information requested by the insurance company to pay this claim. I hereby authorize payment directly to Iowa Radiology, the x-ray benefits herein specified and otherwise payable to me. In making this authorization, I understand that I may be billed for any unpaid balance not covered by my insurance carrier. I assume and agree to be responsible for an administrative fee when my account enters a default status and is considered "past due".

I am aware that Iowa Radiology is participating in the clinical education of students attending Iowa Health-Des Moines School of Radiologic Technologists. I consent to the receipt of services from students in the program.

This authorization is good for one calendar year from this date signed.

Patient (or legal guardian) Signature

Date

Relationship (if not patient)

Date of Birth