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## AUTHORIZATION FORM FOR MOBILE MODIFIED BARIUM SWALLOW STUDY

**SECTION 1 Procedure Authorization**

I hereby authorize Quest Imaging, Inc. to:

- Perform a Mobile Modified Barium Swallow (MBS) Study, in order to obtain an objective assessment of the swallowing function and to provide evaluation recommendations for diet, nutrition, compensatory strategies and other appropriate referrals.

**SECTION 2 Billing Authorization**

I hereby authorize:

- The release of any and all information required by Quest Imaging for services furnished to me in order to process insurance claims on my behalf. In consideration of services rendered, I hereby assign and transfer to Quest Imaging all rights, titles and interest benefits payable on all my insurance carriers.
- The insurance carriers (Medicare Part B, Medicaid or Other Private Insurance) listed on the patient face sheet to pay directly to Quest Imaging all benefits due under said policies by reason of services rendered herein. In the event the insurance carriers reimburse the patient in error, payment will be directly forwarded to Quest Imaging for payment.

I will pay Quest Imaging:

- The 20 percent co-pay and/or deductible remaining from Medicare Part B in the event I have no secondary coverage policy.
- The remaining balance if the patient's private insurance policy does not cover the 20 percent co-pay and/or deductible, or if the patient's secondary policy does not cover an MBS study.
- I will pay the account balance in full. (Either the full price of the test or the 20 percent co-pay/deductible.) in the event Medicare Part B and/or Medicaid eligibility cannot be determined.

Date: \_\_\_/\_\_\_/\_\_\_ Printed Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Responsible Party or Power of Attorney

Signature: \_\_\_\_\_

If received verbal consent only, please document in medical chart and sign

here: \_\_\_\_\_

The facility must provide a copy of this signed Authorization by either the patient (if able), the responsible party or the person who has Power of Attorney prior to the MBSS being performed. The MBSS can be performed without this Authorization Form.

◆ A photocopy of this authorization will be considered as effective and valid as the original.