

Physicians Agreement

Patient Name: _____ Report # _____

Consultation Date: _____ Fee \$ _____

Referring Physician / Office _____

STREHLOW RADIOLOGY CONSULTING and its billing service has informed the above referring physician that (1) our office chooses not to work with certain Attorneys / Law Offices that the referring physician's patient may have retained for legal representation and (2) we do not accept third-party auto claims.

To avoid direct patient billing or collection efforts by our office and or billing service, the above referring physician agrees to pay STREHLOW RADIOLOGY CONSULTING directly for the radiographic consultation. The referring physician will bill for and then follow-up with the patient's attorney / law office for the radiographic consultation. Payment to STREHLOW RADIOLOGY CONSULTING is expected within the first 30 days following any financial recovery of fees by the referring physician from the patient's settlement. Our office and our billing service agree not to initiate any direct patient billing or collection efforts before any financial recovery by the referring physician for the services rendered by our office, or written notification of a change in the case status. Dr. Strehlow agrees to negotiate in good faith with the referring physician if a reduction of our fees is requested.

The referring physician or an authorized representative acknowledge receipt of this physician agreement and agrees to honor the same to protect adequately STREHLOW RADIOLOGY CONSULTING fees for the radiographic consultation.

Referring Physician or an Authorized Representative

Date

We suggest that the referring physician keep a copy of this document for his/her records.