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## Physician Billing and Compensation Agreement

Patient Name: \_\_\_\_\_ Report # \_\_\_\_\_

Consultation Date: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Referring Physician / Office: \_\_\_\_\_

The above named referring physician (the "Physician") hereby acknowledges and warrants that Physician has been informed and agrees that SHIELD RADIOLOGY CONSULTANTS ("Shield") and its billing service (1) Shield choose not to work with certain Attorneys or Law Offices that the Patient named above may have retained for legal representation and (2) that Shield does not accept payment from third-party auto claims.

Therefore, in order to avoid direct patient billing or collection efforts by Shield, either directly or through its billing service, the Physician expressly agrees to pay Shield directly for all services provided for the Patient, including, but not being limited to a radiographic review and/or consultation. The Physician will bill for and then follow-up and communicate with the patient's legal representative or attorney regarding the results or findings of the radiographic review and/or consultation. Payment to Shield shall be made by the Physician within the first 30 days of any financial recovery by the Physician from any the Patient settlement. Shield and its billing service agree not to initiate any direct Patient billing or collection efforts before a financial recovery by the Physician for the services rendered, or a written notification of a change in the case status.

All fees due to Shield which are not paid immediately when due shall bear interest at the rate of two percent (2.0%) per month until paid in full.

In the event of any proceedings or actions taken by Shield in order to collect any amounts due hereunder, Shield shall be entitled to recover all costs associated with such action, including all reasonable attorneys' fees. All actions hereunder shall be brought, and all parties hereto expressly submit themselves to, the exclusive jurisdiction of the courts in and for Washington County, State of Utah. Additionally, this Agreement shall be binding upon and inure to the benefit of the parties and their respective successors, assigns, personal representatives and heirs; and shall be governed by and construed in accordance with Utah law.

The individual signing below warrants that he/she is the Physician or a fully authorized agent thereof.

Dated: \_\_\_\_\_ Physician: \_\_\_\_\_  
Physician or an Authorized Agent

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