

## **Self-Pay and Uninsured Prompt Pay Billing Information**

When you have a diagnostic imaging test, it is **CUSTOMARY** to receive **TWO SEPARATE BILLS**.

The **FIRST BILL** comes from the facility where you had your examination. This technical component charge covers the cost for:

- Use of the facility
- Equipment used for your imaging exam
- Technical personnel who operate the equipment
- Medical supplies, if used

The **SECOND BILL** comes from **Medical Imaging Associates of Idaho Falls** for the professional component. We are the radiologists who provide the professional interpretation of your exam. A radiologist is a board-certified physician who specializes in diagnosis and treatment of disease using medical imaging. Radiologists are required to graduate from an accredited medical school, pass a license exam, and complete a four-year residency in post-graduate medical education. Many complete an additional one or two-year fellowship in a subspecialty of radiology.

Medical Imaging Associates of Idaho Falls realizes the financial strain placed on patients who do not have insurance. To alleviate this, we offer a **PROMPT PAY DISCOUNT** to patients who pay within 30 business days of receiving their initial billing statement.

### **IMPORTANT NOTES**

- Your statement will not reflect the discount.
- **To receive the prompt pay billing discount, please call the Billing Department at (208) 715-5220 within 30 business days of receiving your statement.** You may receive a statement via text, email and/or mail. The discount will be applied upon payment.
- If you have additional procedures that you would like pricing for, please email [feerequests@radpartners.com](mailto:feerequests@radpartners.com).

**Thank you for allowing Medical Imaging Associates of Idaho Falls  
to take care of your healthcare needs.**

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To pay by phone or for other billing questions, please contact the Billing Department at  
**(208) 715-5220**

## Self-Pay and Uninsured

### Prompt Pay Billing Information

#### SELF-PAY / PROMPT PAY DISCOUNT

Procedure Modality	Note	Fee
CT		\$251
MRI		\$299
NM		\$192
US	Including unilateral breast	\$124
XR		\$36
Mammo	Each CPT code	\$129
Breast IR	Initial lesion	\$351
Breast IR	Each additional lesion	\$125
Fluoro		\$99
Bone Density		\$37
Moderate Sedation		\$44
Interventional Procedure		See Fee Schedule
CT Calcium Score		\$72
Outpatient Visit	5-30 minutes	\$477
Outpatient Visit	40-60 minutes	\$646
Outpatient Visit	Over 60 minutes	\$384
Inpatient Visit	5-30 minutes	\$145
Inpatient Visit	40-60 minutes	\$267
Inpatient Visit	Over 60 minutes	\$384

#### OPTIONAL USE

Patient Name: \_\_\_\_\_  
 CPT Code for Services Provided: \_\_\_\_\_  
 Date Service Performed: \_\_\_\_\_  
 Estimated Self-Pay Price: \_\_\_\_\_

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