



11500 S Eastern Ave STE 150, Henderson, Nevada 89052  
725-250-5885

## Facility Authorization for Facility Pay

Date of scheduled MBSS: \_\_\_\_\_

I have been informed and understand the procedure of the Modified Barium Swallow Study (MBSS) being performed on patient, \_\_\_\_\_

I authorize MBS-Mobile Imaging to complete the MBSS and agree to be billed the cost of this procedure at the reduced rate of \$450.00, to the facility \_\_\_\_\_, which is located at \_\_\_\_\_

The travel fee (\$30.00) and minimum 1/3 of payment (\$200.00) is due up front)

A payment plan can be established with MBS-Mobile Imaging on any remaining balance. Please contact us at 725-250-5885 for more information.

Facility Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Administrator Name (Print) \_\_\_\_\_

***The facility pay agreement is for facilities who currently have a current service agreement with MBS-Mobile Imaging. The requested MBSS study will not be scheduled until this paperwork is signed and returned to MBS-Mobile Imaging along with all other required paperwork.***