



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

## Private Pay Agreement

I have been informed and understand the procedure of the Modified Barium Swallow Study (MBSS). I authorize MBS-Mobile Imaging to complete the Modified Barium Swallow Study with dysphagia consultation on (patient name) \_\_\_\_\_

I agree to be billed the cost of this procedure, paid within 30 days at a discount of 50% for a total cost of \$750.00. A 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.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Contact Information \_\_\_\_\_