

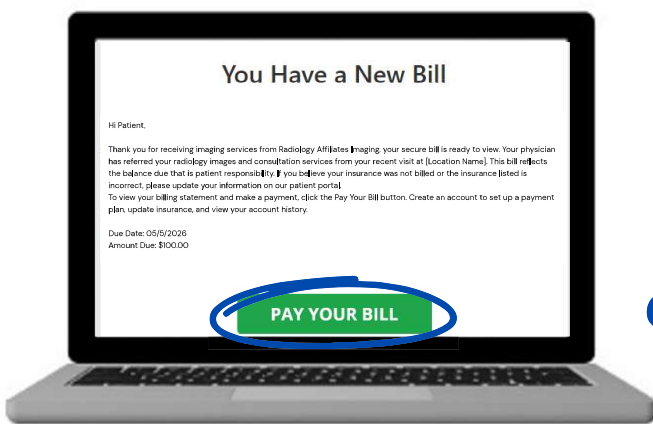
You may receive **two separate bills** for your visit today:

- One from Radiology Affiliates Imaging for the radiologist's review
- One from the hospital or imaging center for technical services

If we have your email address or phone number, you will receive a digital statement first with an option to pay online before a paper bill is mailed. Billing may take up to 30 days. We will process any insurance first, then bill you for the remaining balance.

Online Patient Portal

- Use our online portal to **pay your bill, update your insurance, or set up a payment plan.**
- Once your statement is available, click the personalized link from your email or text message, or scan the QR code on your paper statement & enter your Date of Birth to access the portal.



Patient, thank you for allowing Radiology Affiliates Imaging to provide the imaging interpretation services for your recent visit to [Location Name]. Your radiology bill is now ready for review. You can view & pay your bill at <https://mdpaybill.net/9DBF637E>. Reply STOP to unsubscribe. Msg&Data rates may apply.

THIS IS A BILL
Radiology Affiliates Imaging

PATIENT: 06012026
ACCOUNT: 00003
STATEMENT DATE: 06/01/2026
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BILL SUMMARY

Ways to Pay:

- Mobile:** Scan the QR code to pay on your phone
- Online:** Update Insurance, Pay Bill, or Set Up Payment Plan at: pay.imaginepay.com/provider/RACNJA
- Mail:** Mail in check along with the payment coupon below: PO Box 88024 Chicago, IL 60680-1024

Your Payment Due: \$1,946.00

Payment Due By: 07/01/2026

For additional support, please call us at (551) 298-3605 Monday - Friday, 9:00 AM - 6:00 PM EST

DATE	DESCRIPTION	CHARGE	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
03/03/26	74177 - Computed tomography, abdomen and pelvis; with contrast material(s)	\$1,946.00			
03/14/26	Location of Service: HOLY REDEEMER HOSPITAL, KEYSTONE FIRST CHC				
04/15/26	Insurance claim denied: unable to locate policy holder. Please provide updated insurance information or contact your insurance. KEYSTONE FIRST				
	Insurance claim denied: indicating another insurance to bill. Please provide updated insurance information or contact your insurance.				
	Patient Responsibility:	\$1,946.00			
	Total Due:	\$1,946.00			

Need to Update Your Information? Visit Us Online.

Your physician has referred your radiology images and interpretation services to us. To update your insurance, visit our website: pay.imaginepay.com/provider/RACNJA or on the back of this statement.

If you have concerns about paying your balance, contact us to discuss available discounts and payment options.

STATEMENT DATE:	ACCOUNT:	TOTAL DUE:	PAYMENT PLAN:
06/01/2026		\$1,946.00	

If you are uninsured, you may qualify for a discount through our patient portal when you receive your statement. You may also call us to discuss additional payment options.

Additional Support Options

Mail: Send in your check or insurance information to: PO Box 88024 Chicago, IL 60680-1024

Automated Phone System: Follow the prompts to pay quickly 24/7/365

Call Center Support: Call (551) 298-3605 to speak with one of our representatives

Monday - Friday, 9:00 AM - 6:00 PM ET

Fee Requests: Email feerequests@radpartners.com for a price estimate on future dates of service.

Financial Assistance: Please email financialassistance@radpartners.com

Worker's Compensation Claims: Please email ptcollections@radpartners.com

Attorney Requests: All requests should be submitted through ChartSwap.