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MEDICAL THERMOGRAPHY

## BodyLife Imaging Fees

BodyLife Imaging does not bill insurance plans. Some health plan carriers may reimburse patients for our services. It is up to patient to submit to their health plan carrier if they so choose. In any event, complete payment for our services is due at the time of service.

### Cancellation Policy

Please call or email to cancel or reschedule so we can give your spot to another patient. Patients will be billed for any appointment cancelled with less than 24 hours' notice. There is a \$50.00 missed appointment fee.

### Imaging Fees

#### Target Area \$150

(Cranial, Dental, Spine, Thyroid, etc.)

3-4 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Breast Series \$250

5-9 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Upper Body Series \$300

13 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Upper Body with Breast Series \$400

18-20 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Lower Body Series \$300

13 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Lower Body with Breast Series \$400

18-20 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Full Body \$500

25 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Full Body with Breast Series \$600

30-32 thermal images, interpretation services, and report sent to you and health care provider of your choice.

#### Rush Service \$50 - \$150, depending on Series

Your images and report set on Rush turn-around, approximately 2 business days.

I understand that I am wholly and personally responsible for payment on date of service. BodyLife Imaging is not a participant in Medicare or insurance plans. I realize that I may submit to my health plan carrier for reimbursement of the treatment cost, as may be provided by my plan. BodyLife Imaging does not guarantee that I will receive reimbursement from my health plan carrier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_