



Consultants in Dysphagia Evaluation and Management
Phone: 817-514-MBS1 or 1-888-514-MBS1
Fax: 817-514-6278
Corp. Office: 8913 Mid Cities Blvd. Suite 100
North Richland Hills, Texas 76182

Private Pay Agreement

I have been informed and understand the procedure of the Modified Barium Swallow Study (MBSS). I authorize DiagnosTEX to complete the Modified Barium Swallow Study with Dysphagia Consultation at the 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 \$450.00, plus the travel fee of \$30.00. ***The travel fee (\$30.00) and minimum of 1/3 of the payment (\$200.00) is due up front.***

A payment plan can be established with DiagnosTEX on any remaining balance. Please contact us at 817-514-6271 for more information.

Signature _____ Relationship _____ Date _____

Print name _____

Contact information _____

MBSS study will not be scheduled until this paperwork is signed and returned to DiagnosTEX along with all other required paperwork.