RED FLAGS IDENTITY THEFT PREVENTION PROGRAM

Raleigh Radiology, LLC

Raleigh Radiology Associates

January 21, 2009

The Board of Directors of Raleigh Radiology, LLC and Raleigh Radiology Associates ("the Practice") approved this Identity Theft Identity Program ("Program") at a duly held meeting on February 16, 2009. The Program was developed in order to comply with the Federal Trade Commission's Identity Theft Prevention Red Flags Rule (16CFR§681.2). This Program has been created in consultation with McKesson Corporation, after conducting an assessment of risk of Identity Theft associated with the certain Covered Accounts (as defined below) offered by Raleigh Radiology.

I. Definitions

For purposes of the Program, the following terms are defined as:

"Covered Account" means (i) any account the Practice offers or maintains primarily for personal family or household purposes, that involves multiple payments or transactions, including one or more deferred payments; and (ii) any other account the Practice identifies as having a reasonably foreseeable risk to customers or to the safety and soundness of the Practice from Identity Theft. As of January 21, 2009, the Practice has identified the following types of accounts as Covered Accounts:

1. Accounts billed to insurance company followed by billing patient for co-pays, deductibles, non-covered services after payment settlement by insurance.
2. Self pay accounts at time of service
3. Patient payment plans (arranged by McKesson)

"Identity Theft" means fraud committed using the identifying information of another person;

"Red Flag" means a pattern, practice, or specific activity that indicates the possible existence of Identity Theft.

II. Program Purposes

The purposes of the Program are to:

1. Identify the relevant Red Flags based on the risk factors associated with the Practice's covered accounts;
2. To institute policies and procedures for detecting Red Flags;
3. Identify steps the practice will take to prevent and mitigate Identity Theft; and
4. Create a system for regular updates and administrative oversight to the Program.

III. Identification of Red Flags

The Identity Theft Red Flags Mitigation and Resolution Procedures (Appendix A) identifies the Red Flags that would be most relevant to the practice. The Red Flags generally fall within one of the following general types of Red Flags:

1. Suspicious Documents
2. Suspicious Personal Identifying Information
3. Suspicious or Unusual Use of Covered Account; and
4. Alerts from Others (e.g., customer, Identity Theft victim, law enforcement)

IV. Detection of Red Flags

In order to facilitate detection of the Red Flags identified in Appendix A, practice registration staff will take the following steps to obtain and verify the identity of the person.

A. New Patient/Accounts
   1) Require identifying information (e.g., full name, date of birth, address, government issued ID, insurance card, etc.)
   2) When available, verify information with insurance company's information (during preauthorization process
B. Existing Patients/Accounts
   1) Verify validity of requests for change of billing address
   2) Verify identification of customer and obtain written authorization for release of medical information before releasing any personal information.

V. Preventing and Mitigating Identity Theft

In order to facilitate detection of the Red Flags identified in Appendix A, staff will follow the appropriate steps identified in the attached Identity Theft Red Flags Mitigation and Resolution Procedures (Appendix A).

VI. Program Administration

The Practice Administrator is responsible for developing, implementing, administering and updating the Program. The Systems Manager will be responsible for developing a training program for staff identified as Registration Staff as responsible for or having a role in implementing the Program.

VII. Service Provider Arrangements

The Practice will require, by contract, that service providers that perform activities in connection with Covered Accounts have policies and procedures in place designed to detect, prevent and mitigate the risk of Identity Theft with regard to the Covered Accounts.

VIII. Updating of Program

The Practice Administrator will periodically review the effectiveness of the Program and update the Program to reflect the addition or removal of Covered Accounts, and changes in risks to patients/covered account holders from Identity Theft.

Attachment A

Relevant Identity Theft Red Flags Mitigation and Resolution Procedures

IDENTITY THEFT RED FLAG	PREVENTION/MITIGATIN PROCEDURE	RESOLUTION OF RED FLAG
Documents provided for identification appear to have been altered or forged	Stop the registration process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue registration process.
Personal identifying information provided by the patient is not consistent with other personal identifying information provided by the patient. For example, there is a discrepancy between the date of birth on the driver's license or other photo ID and the patients stated birth date.	Stop the registration process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue registration process.
Name and birth date are same as another patient in the RIS	Stop the registration process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue registration process.
Patient presents insurance number but does not have insurance card or other physical documentation of insurance.	Stop the registration process and require applicant to provide additional satisfactory information to verify identity.	Additional documentation must be provided to resolve discrepancy and continue registration process. Patient may be directed to reschedule appointment and bring documentation at new appointment.
Exam ordered is inconsistent with signs and symptoms identified by patient/order	Investigate with referring MD's office to ascertain correct symptoms/procedure ordered	If referring MD verifies that patient is scheduled for procedure, continue as usual. If referring MD has doubts, refer patient back to referring MD and discontinue registration.
Complaint or inquiry from an individual based on receipt of: - A bill for another individual - A bill for a service that the patient denies receiving - A bill from a health care provider that the patient never patronized - A notice if insurance benefits (EOB) for services never received.	Investigate complaint, interview individuals, as appropriate.	Terminate further treatment/delivery of service to named individual until identity has been accurately resolved; refuse to continue attempting to collect on account until identity has been established. Notify law enforcement, as appropriate. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.

Complaint / inquiry from a patient about information added to a credit report by Raleigh Radiology , health care provider or insurer	Investigate complaint, interview individuals, as appropriate.	Terminate all treatment/credit until identity has been accurately resolved; refuel to continue attempting to collect on the account until identity has been resolved. Notify law enforcement, as appropriate. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.
Complaint or question from a patient about the receipt of a collection notice from a bill collector	Investigate complaint, interview individuals, as appropriate. Refer to McKesson to resolve.	Additional documentation must be provided to resolve discrepancy and continue registration process. Contact insurance company as necessary. Refer to McKesson for final resolution.
Mail sent to the patient is returned repeatedly as undeliverable although transactions continue to be conducted in connection with patient's covered account.	Use tracing procedures to find patient's most current address	Locate patient and verify mailing address.
Raleigh Radiology is notified by a patient, a victim of identity theft, a law enforcement authority, or any other person that it has opened a fraudulent account for a personal engaged in identity theft.	Investigation to determine if billing was made fraududently.	Additional documentation must be provided to resolve discrepancy and continue doing business with patient. Contact insurance company, as necessary. Notify law enforcement, as appropriate. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient

Personal identifying information provided by the patient is associated with known fraudulent activity as indicated by internal or third-party sources used the practice. For example: - An address presented by a patient is the same as the address provided on a fraudulent document/registration; or - Insurance number is the same as number provided on a fraudulent document.	Investigate complaint, interview individuals as appropriate.	Terminate services to patient until identity has been accurately resolved; refuel to continue attempting to collect on the account until identity has been resolved. Notify law enforcement as appropriate. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient