

RED FLAG CHECKLIST · DIAGNOSTIC RADIOLOGY

15 contract provisions that quietly cost you.

Data. Leverage. Fair pay.

Built for diagnostic and interventional radiologists · 2026

The 15 provisions below are the ones most likely to cost diagnostic radiologists money, mobility, or leverage. Radiology contracts pivot on RVU production, modality mix, and teleradiology call coverage — read each item against your contract and mark whether it is present, missing, or unclear. A single CRITICAL finding warrants careful review before signing.

THE 15 RED FLAGS

5 CRITICAL · 8 HIGH · 2 MODERATE

01 | ■ CRITICAL

wRVU rate with no named benchmark

A dollar-per-wRVU rate with no reference to 2025 national benchmarks gives the employer full discretion to call any rate market without contractual standard.

02 | ■ CRITICAL

No minimum study volume guarantee

Without a floor on study volume or hours, the employer controls your income by controlling worklist routing and assignment — earnings drop without breach.

03 | ■ CRITICAL

Claims-made malpractice, no tail commitment

Silence leaves who pays unresolved. Ask for employer-paid tail in writing for resignation, termination and nonrenewal; confirm the policy terms.

04 | ■ CRITICAL

Termination without cause under 90 days

Hospital privileging and payor enrollment run 90–120 days. A 30- or 60-day without-cause window leaves no time to credential, relocate, or replace income.

05 | ■ CRITICAL

Compensation model not clearly specified

If salary vs. wRVU vs. per-study vs. hybrid is ambiguous, the model can shift at renewal — a guaranteed base silently converting to production-only is the classic pattern.

06 | ■ HIGH

Modality mix unilaterally assignable

Language permitting the employer to redistribute high-RVU modalities (cross-sectional, IR, neuro) at discretion converts your case mix into something materially less productive without compensation adjustment.

07 | ■ HIGH

Teleradiology call burden undefined

Specify the number of call shifts per month, overnight vs. day coverage, study volume expectation per shift, and per-shift rate. Uncapped tele call is one of the largest unpaid-work exposures in radiology.

08 | ■ HIGH

Bonus threshold not tested against your workload

Test the threshold against your credited production, workload and payout period. Model low, expected and high-production payouts before counting the bonus as income.

09 | ■ HIGH

Non-compete over 25 miles or 2 years

Hospital and imaging center contracts consolidate at the system level. An aggressive radius can shut you out of an entire metro region for the restriction period.

10 | ■ HIGH

No subspecialty premium or split

Subspecialty reads (neuro, MSK, IR, body) drive disproportionate revenue. Without a written subspecialty differential or split, you absorb the value while the group captures it.

11 | ■ HIGH

Unilateral schedule modification rights

Employer-discretion language over shift type, site assignment, and on-site vs. remote work strips your control over working life and family planning.

12 | ■ HIGH

No rate escalation clause

Without annual increases tied to inflation or a benchmark percentile, real compensation declines every year you remain. A flat multi-year rate is a multi-year pay cut.

13 | ■ HIGH

Equipment and PACS not employer-provided

If home reading station, PACS license, or EHR access is your responsibility, the cost runs into thousands per year. Require employer-provided hardware, licenses, and IT support in writing.

14 | ■ MODERATE

Sign-on clawback with no pro-rata

Full repayment regardless of tenure treats the bonus as a leash rather than compensation. Negotiate pro-rata over 24 months and a waiver on without-cause termination.

15 | ■ MODERATE

Restrictive moonlighting clause

Broad bans on outside reading work or locum coverage cap earning potential and remove income diversification. Restrict only true conflicts — same hospital, same imaging center.

NEXT STEP

Found a CRITICAL flag?

Run your contract through the Analyzer. Benchmark every term. Get a prioritized list.

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