



## Patient Financial Responsibility Agreement

As a patient, it is in your best interest to know and understand your insurance plan benefits and your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered in all insurance contracts. In addition, you should be sure that your physician is listed as a participating provider by your insurance company. If your insurance plan does not cover a service or procedure, you are 100% responsible for payment of these charges.

In the event that your insurance is not valid or your coverage was terminated at the time the services are rendered, you will be solely responsible for the full amount of your office visit and/or any procedures rendered.

In addition, if your insurance plan determines a service or procedure to be “not covered”, you will be responsible for the complete charge of such services.

I agree to be 100% responsible for the payment of all unpaid services rendered on my behalf or my dependents, including fees for collection services, court costs, etc.

If the account is placed in the hands of a third party for collection for non-payment, the Guarantor will be responsible for charges plus 33% collection fees and all court costs.

---

Patient/ Guardian Signature

---

Date