



Financial Agreement

Our office seeks to provide cost efficient medical care for all of our patients. To help us achieve this goal you, as the patient, or guardian, agree to the following for the duration of your doctor-patient relationship with us.

Frequently, we coordinate your care with other Health Care Providers (ex: hospitals, specialists, labs, imaging centers etc.) We agree to provide your medical records to those providers, according to HIPAA regulations, when the records are needed to provide healthcare services to you. You also authorize us to provide your medical records to others authorized by us or a third-party payer to conduct quality assurance and/or utilization review.

Please realize that your insurance contract is between you and your insurance company. You are financially responsible for services rendered. However, as a courtesy, we will bill your insurance company, if it is one we are contracted with. In these cases you agree to assign all payments to our office and authorize the collection of such insurance benefits by our office. Any co-payments are due at the time of service unless other arrangements are made in advance. You agree to pay any amounts not paid by your insurance company. If we are not contracted with your insurance company, payment must be made at the time of service and you are responsible for filing your claim. **If there are any changes to your insurance it is your responsibility to notify our office immediately. You will be responsible for paying the entire amount if we have incorrect insurance information. We will not file an appeal on your behalf.**

Responsible Party's Signature

Date

If you default on your account and your account is assigned to an outside collection agency, you will be charged a \$10.00 collection fee. If your account is litigated you will be responsible for reasonable attorney fees, court costs and interests set forth by the court. If your account is turned over to a collection agency you may be dismissed as patients regardless of the type of insurance you have. Any checks returned for non-payment are subject to fees set forth by state and local laws.

Responsible Party's Signature

Date

Child's Name