

TREATMENT AND FINANCIAL AGREEMENT

NOTE: AS A COURTESY, WE WILL BILL YOUR INSURANCE FOR YOU AFTER YOUR DEDUCTIBLE HAS BEEN MET.

BUT NO INSURANCE WILL BE FILED WITHOUT ALL OF THE ABOVE INFORMATION AND A COPY OF YOUR CARD.

TREATMENT AND FINANCIAL AGREEMENT: PAYMENT IS DUE AT THE TIME OF SERVICE. AN OFFICE VISIT CHARGE MAY BE MADE IF AN APPOINTMENT IS NOT CANCELED IN A TIMELY FASHION. UNDERSIGNED AGREES AND REQUEST THAT ALL PAYMENTS MADE BY INSURANCE BE SENT DIRECTLY TO PROVIDER WITH INSURED AND PROVIDER AS JOINT PAYEES. AUTHORIZATION IS HEREBY GIVEN TO RELEASE COPIES OF MEDICAL RECORDS TO CARRIER IF REQUESTED FOR CLAIM PROCESSING. IN CONSIDERATION FOR MEDICAL SERVICES RENDERED BY DR. RAO. THE UNDERSIGNED AGREES THAT REGARDLESS OF INSURANCE STATUS, UNLESS THERE IS A CONTRACTUAL AGREEMENT TO THE CONTRARY (AS IN THE CASE OF MEDICARE OR A PPO), OR IN THE EVENT THAT INSURANCE COVERAGE IS DENIED, THAT HE OR SHE IS PERSONALLY RESPONSIBLE FOR THE PROMPT PAYMENT OF CHARGES FOR ALL MEDICAL SERVICES RENDERED. IT IS FURTHER AGREE THAT ALL DELINQUENT ACCOUNTS, THAT THE COURT SHALL AWARD TO THE PROVIDER PREJUDGEMENT AND POST-JUDGEMENT INTEREST, COURT COST AND REASONABLE ATTORNEY FEES, AND THAT UNDERSIGNED SHALL PAY THE FEE CHARGED BY THE COLLECTION AGENCY. I HEREBY ASK AND AUTHORIZE PROVIDER TO COMPLAIN TO THE INSURANCE COMMISSIONER IF NECESSARY.

SIGNATURE OF THE PATIENT OR GUARDIAN

DATE: