

FINANCIAL AGREEMENT

Insurance policies vary, therefore it is the patient's, or their guardian's, responsibility to pay for the services provided, whether or not their particular insurance covers the services. This office will do everything we can to help our patients recover medical claims. Our billing office bills most insurances directly. However, since we have no way of knowing the exact status of your insurance coverage at the time of your appointments, you are responsible for any balance due. Medicare will coordinate with secondary insurance plans.

For insurance companies requiring a referral from a Primary Care Physician (PCP), it is necessary for the referral to be in our office on the day of service. This referral can be faxed or brought in by the patient or responsible party. If a referral has not been received by the time of your visit, you will have the option of rescheduling your appointment or paying for the visit yourself.

The undersigned agrees that he/she is obligated to pay for the account. Should the account exceed an amount the undersigned is able to pay in full, an agreed payment plan can be established with a 1% interest per month (per RCW 19.52) on the unpaid balance.

There will be a \$40.00 fee (per RCW 62A.3-515 & 520) on checks returned from the bank for non-sufficient funds (NSF).

There will be a \$25.00 fee assessed to your account for appointments cancelled with less than 24 hours notice.

Should the account be referred for collection, the undersigned patient or their agent shall pay all reasonable collection expenses, interest on the unpaid balance, and/or attorney and court fees.

I hereby authorize Joyce Mauk, M.D.; Ellen Modell, M.D.; and/or Dennis Zhou, M.D. to render medical treatment to _____.
This authorization constitutes informed consent without exception.

Signature _____ **Date** _____

Relationship to Patient _____