



3500 N. Causeway Blvd. Ste. 1410  
Metairie, LA 70002  
Phone: (504) 838-9919  
Fax: (504) 834-3101

## Financial Agreement Policy

I understand and agree that a health insurance policy is an arrangement between an insurance company and myself. I also understand that any amount authorized to be paid directly to my provider will be credited to my account and that **I AM PERSONALLY RESPONSIBLE FOR PAYMENT.**

If your insurance carrier has not responded to a claim in 45 days, we reserve the right to formally transfer all associated liability for the claim to you. Failure to promptly resolve this balance may result in third party collection and/or legal action.

If I default, the guarantor is responsible for any fees and costs from past due accounts turned over to a collection agency and/or attorney. These fees included 35% of the unpaid balance and a \$10.00 handling fee.

I agree to pay all reasonable collection and court costs, attorney's fees and all other lawful charges incurred in connection with collecting indebtedness to my provider.

For your convenience, cash, check, money orders, debit cards, Visa and MasterCard are accepted means of payment are also accepted. "Returned" or "NSF" checks will incur a \$45 fee, and your provider may decline to accept checks as payment for further changes.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature of Person Responsible for Payment

\_\_\_\_\_  
Date