

## Financial Agreement/ Release

1. As a service to you, we will file your Insurance claim if you assign the benefit to our medical practitioner- in other words, if you agree to have your Insurance carrier pay our practitioner directly. Charges will be the Patient's responsibility if patient fails to provide accurate insurance information.
2. Copayments are due at the time of service. We accept cash, personal checks, Debit, Visa and MasterCard. I understand that I will be assessed a \$35.00 returned check fee for non-sufficient funds.
3. Dr. McCourt accepts Medicare assignment. You are responsible for your deductible and co-payments. If you have a secondary insurance carrier a portion of your co-payment may be covered.
4. Not all Insurance plans cover all services. In the event that your Insurance plan determines a service to be "not covered" you will be responsible for the charge.
5. When an account balance becomes the responsibility of the patient, the balance is due from the patient on receipt. You can make arrangements up to 90 days for full payment or account maybe considered for collections.
6. We require 24-hour notice for canceling any appointment, or a \$25.00 no-show fee will apply.

I assign Medical benefits paid by my Insurance Carrier(s) to Dr. McCourt for application to my bill. I acknowledge that I will be billed for charges not covered under my Insurance Policy.

I have read and understood Eugene Foot and Ankle Medical Clinic financial agreement and release of information and I agree to be bound by it terms. I also understand and agree that such terms maybe amended by the practice from time to time.

---

Signature of patient (or responsible party, if patient is minor )

Date