WESTGLEN ENDOSCOPY CENTER
16663 Midland Drive, Suite 200
Shawnee, Kansas 66217
(913) 248-8800

Financial Agreement

If you have insurance, we will help you receive maximum benefits by filing for you; however, we will expect payment of co-pays, co-insurance, and deductibles at the time of service. We accept MasterCard, Visa, Discover and American Express. The undersigned individual guarantees prompt payment of all charges and incurred fees related to the collection of the delinquent accounts. A late penalty fee of 1.5% will accrue on unpaid balances after 60 days.

Assignment of Insurance Benefits

I hereby assign benefits to be paid, on my behalf, to the WestGlen Endoscopy Center who rendered services to me. I understand and agree to be financially responsible for charges not paid for within a reasonable period of time by insurance or other third-party payor and certify that the information given with regard to insurance coverage is correct.

Release of Information

I authorize WestGlen Endoscopy Center who rendered services to release all or part of my medical records when required for the submission of any insurance claims for the payment of services rendered by WestGlen. WestGlen Endoscopy Center, it's agents, servants and employees who rendered services to me are hereby released from any and all liability of any nature that may arise from the release of such information.

Certificate

The undersigned certifies that he/she has read and understands the foregoing and fully accepts the terms specified above.

_____ _____
Signature Signature of Guardian/Responsible Party

_____ _____
Date/Time Date/Time

_____ _____
Print Name Relationship to Patient