

Parkway Endoscopy Center \_\_\_\_\_

## *Financial, Insurance, & Disclosure Agreements*

### ***Financial Agreement***

If you have insurance, we will help you receive maximum benefits by filing for you; however, co-pays, co-insurance and deductibles are due at the time of service. We can accept cash, a personal check, MasterCard, VISA, DISCOVER and American Express as means of payment.

The undersigned individual guarantees prompt payment of all charges incurred. Fees related to collection of delinquent accounts will be borne by the patient.

### ***Assignment of Insurance Benefits***

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

### ***Release of Information Agreement***

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

### ***Disclosure Agreement***

I have been informed that the physician who is rendering services to me has an ownership interest in the Parkway Endoscopy Center. I have been given the option to be treated at another facility. I choose to be treated at the Parkway Endoscopy Center.

### ***Certificate***

I certify by my signature below that I have read the foregoing or the foregoing has been read to me, and that I understand completely and accept fully the terms specified therein.

Patient Signature: \_\_\_\_\_