

FINANCIAL AGREEMENT

The responsible party agrees he/she has agreed to be treated at HealthQuest and in return for services hereby individually obligates himself/herself to pay the account of HealthQuest PC in accordance with its regular rates and terms. The responsible party also agrees to pay for attorney or collection fees that might occur in the event that the account becomes delinquent. The account will become delinquent after it has matured to 121 days from the date of service. If the account goes to collections, there will be an added 33% to the account balance. By signing this agreement, you the patient agree to pay for said charges. HealthQuest PC will determine the collection agency.

The responsible party also understands that it is not HealthQuest's responsibility to ensure payment by the insurance carrier(s). The filing of insurance by this office is done for the convenience of the patient and is considered to be a courtesy. However, we do have negotiated contracts with certain carriers in which we are required to perform these services. You may check with the insurance department for said contracts and carriers.

The responsible party also agrees to pay for appointments for which the patient does not show or for cancellations for which we are not notified at least 24 hours before the scheduled appointment time. Said fee will be \$50 and the patient will need to pay this fee before the next visit. This fee will not be charged to the insurance company.

The responsible party also agrees to pay for any telephone consults that exceed ten minutes. The charge for this will be \$30 and up. All medical records requested will require a written release. The charge for copy and/or sending medical records will be \$20. Any questionnaires or letters that are not normally required for billing and/or treatment purposes will be completed for a charge of \$80. In addition, any extensive insurance or related forms which require evaluation of medical records will be completed for a fee of \$80 and up. For non-routine medication requests to refill medications for patients that have missed their appointment there is a \$20 charge. There will be a prepaid charge per hour, with a minimum of two hours and non-refunded after scheduled, for any legal depositions required. You or your responsible party are fully responsible for the payment of these miscellaneous fees whether paid or denied by your insurance company unless stated otherwise in our contractual agreement with your insurance carrier. We do not file any fees to your insurance company unless you request us to file AND the insurance company contacts us directly on your behalf and state they will pay for said miscellaneous fees.

PLEASE UNDERSTAND THAT THE FILING OF ANY INSURANCE CLAIM AND SENDING OF ALL PATIENT'S STATEMENTS ARE PERFORMED AS A COURTESY TO THE PATIENT. IT IS THE PATIENT'S RESPONSIBILITY TO FOLLOW UP WITH THEIR INSURANCE COMPANY AND PAY ALL REMAINING BALANCES UNLESS THERE IS A CONTRACT BETWEEN THE INSURANCE COMPANY AND HEALTHQUEST THAT STATES DIFFERENTLY. ANY SERVICES THAT ARE NOT COVERED BY YOUR INSURANCE COMPANY WILL BE THE RESPONSIBILITY OF THE INSURED OR RESPONSIBLE PARTY. BY SIGNING BELOW YOU HAVE AGREED TO ALL THE FINANCIAL TERMS IN THIS FINANCIAL AGREEMENT.

The terms of this contract are contingent on any contractual agreement made between HealthQuest PC and your insurance company in that any terms herein stated that violate the provider's contractual agreement are voided and/or non-applicable.

PATIENT/RESPONSIBLE PARTY

DATE