
Financial Agreement

1. I agree to be responsible to University SurgicCenter for all bills and charges, regardless of any insurance coverage that I may have. These charges are separate from any bills that I may receive from my doctor and/or anesthesiologist. I also agree to be responsible for all collection costs, including without limitation reasonable attorneys' fees should my account become delinquent and is referred to an attorney or collection agency. I understand that an account shall be considered delinquent if

(i) it is not paid in full within 60 days from the date of service

(ii) it is not paid in full within 30 days from the date of initial billing or

(iii) regardless of the amount of time that has elapsed since the initial billing; If I receive payment from an insurance carrier and do not tender it to University SurgicCenter within five days thereafter.

2. University SurgicCenter may release all or part of my records to any person or corporation which is or may be responsible for the payment of all or part of University SurgicCenter's charges.

3. I authorize payment of medical benefits to UNIVERSITY SURGICENTER for services rendered.

4. I certify that I have read and fully understand the above statements. I acknowledge that no guarantees have been made to me as to the results of treatments or examinations performed in UNIVERSITY SURGICENTER.