SYLVAIN PALMER, MD, INC

Patient Financial Agreement

Dear Patient or Guardian,

Our goal is to provide you with the best medical care available. A clear understanding of our Financial Agreement helps ensure a successful doctor/patient relationship.

Patients who carry medical insurance should remember that professional services are rendered to the patient, and it is the patient's ultimate responsibility to pay for those services, not to the insurance company's. We bill and accept payments from insurance companies for the convenience of the patient. You are responsible for paying any charge for services that is not paid by the insurance company.

To avoid misunderstandings, it is best for you to learn beforehand exactly what your insurance policy will cover. We also encourage you to discuss fees with us prior to any medical or surgical procedure. We do not render services on the assumption that all charges will be paid by an insurance company, and you should not either. Furthermore, authorization of treatment by your insurance company does not guarantee payment by the insurance company for services rendered.

This Financial Agreement does not apply to appointments that are authorized and paid through workers' compensation.

Please do not ask for discounts, waiving your co-payment or "insurance only," as doing this would violate our contracts with your insurance company. All co-payments are due at the time of service, and unpaid balances will be collected at office visits unless prior arrangements have been made. We accept cash, checks, MasterCard and Visa. You will be charged $25.00 for any returned check(s) and you will no longer be able to write checks for services.

By signing below I certify that I have read and understand the below statements.

I authorize treatment and understand that I am ultimately responsible for the charges, regardless of availability of insurance benefits.

I hereby authorize, Sylvain Palmer, MD, INC to furnish information to my insurance company concerning my treatment, and hereby irrevocably assign to Sylvain Palmer, MD, INC all insurance payments for medical services rendered.

I agree that I will not delay or withhold payment because of any insurance coverage issue, or the pendency of claims. In the event that it becomes necessary to institute collection measures, I agree to pay all collection expenses, including attorney's fees.

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Patient Signature Patient Name Date

If you have any questions, please do not hesitate to contact our Billing Department by calling (949) 364-1060 ext 108