

**Center for Pediatric Adolescent Gynecology**

Lawrence Amesse, MD, PA

FINANCIAL RESPONSIBILITY

I understand and agree to all of the following:

1. The printed fees and payments policies that I have been given are based on the number and nature of services used by the typical patient. In some cases the, actual total cost may vary depending on the services required in the course of my own treatment.
2. Our policy is to contact the insurance company to determine the amount of coverage. We cannot gurantee insurance payment.
3. If the insurance company payment is sent to me instead of Lawrence Amesse, MD PA, I agree not to cash the check, but to endorse it and forward it to the practice.
4. If my insurance company has not paid the claim within ninety days after it was filed, or if they deny the claim, I will be responsible for payment.
5. This agreement applies to this and future medical management I may undergo.
6. Payment of any bill sent to me is due in full by the 30<sup>th</sup> of the month in which it was sent. There is a 1.5% monthly late charge added to any past due balance. A charge applies to any check that is returned by the bank.
7. If payment was made by credit card and additional 2.5% will be deducted from the original amount before any refund is calculated.

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Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date