

First Care PC

Assignment Release and Financial Agreement

Name: _____

Date of Birth: _____

Assignment and Release: I hereby give authorization for my insurance benefits to be paid directly to First Care, PC. I understand that I am financially responsible for all charges not paid for by insurance. I also authorize the release of any medical information to process my insurance claims. In the event of default, I agree to pay the cost of all collections and reasonable legal fees.

- I understand that past due accounts will be referred to a collection agency and that I will be responsible for all collection charges, associated legal fees and the full balance on my account.
- **In the event of default, I agree to pay all cost associated with collections including, but not limited to, attorney's fees of 33.33% and any and all court costs.**
- By signing this document, I agree that photocopies of this document are as legally binding as the original.

I have read, and understand and agree to the above terms.

PATIENT or GUARDIAN
SIGNATURE

PRINTED NAME

RELATIONSHIP TO
PATIENT

DATE