**Financial Agreement**

* The undersigned agrees to pay all charges made by Family Medicine Associates of North Stafford based upon Family Medicine Associates of North Stafford’s current charge master for services rendered and for supplies used in providing care and treatment to the patient.
* The undersigned understands that any prepayment is for estimated charges only and agrees that the final bill may be different. Family Medicine Associates of North Stafford is not in the business of extending credit.
* All charges shall be paid when due (within 30 days of initial billing).
* The obligation of each undersigned is an original, direct and independent promise to pay based on the executive credit of each, and not a collateral or contingent promise to answer for the debt of another.
* If all charges are not paid when due, the undersigned agree(s) to 33 1/3% attorney’s fees, or collection agency fees, which shall be deemed incurred upon referral for collection, plus costs, and interest at the current rate applicable by Statute to Virginia Judgments. The return check fee is $50.00.
* The patient and the undersigned responsible parties are primarily liable for payment of the patient’s account.
* Each of them consents to Family Medicine Associates of North Stafford and its agent’s use of any telephone number they provide or publish, to message or contact them regarding their accounts.
* It is their sole responsibility to comply in a timely manner with all requirements, and supply all information and documents necessary to obtain payment of benefits by any HMO or insurer, Tricare, Medicare, Medicaid, Worker’s Compensation carrier, governmental agency or other third-party source of benefits/payments.
* Family Medicine Associates of North Stafford may submit claims to such payees as a courtesy only.
* It is NOT, unless by regulation or contract with the insurer or government agency obligated to do so.
* Some insurance companies require that lab work be billed directly by the laboratory performing the testing.

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Patient Name (Please Print) Other Responsible Party (Please Print) Relationship

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Signature Date