



HEALTH CENTER OF ST. LOUIS

**STATEMENT OF FINANCIAL RESPONSIBILITY**

Please initial each paragraph below to signify that you have read and that you have understood each and every contractual term contained in that paragraph:

\_\_\_\_\_ I understand that I am personally responsible for all medical charges incurred by me or my dependents at Colon Rectal Health Center.

\_\_\_\_\_ I understand that co-payments are due to be paid at the time that services are rendered.

\_\_\_\_\_ I understand that, even if I have insurance, all services rendered at Colon Rectal Health Services will be charged directly to me and that payment is due as of the date those services were rendered.

\_\_\_\_\_ I authorize Colon Rectal Health Center to release medical information to my insurance company to the extent that it is necessary for the insurance company to process my claim for reimbursement.

\_\_\_\_\_ I hereby assign to Colon Rectal Health Center all right, title and interest in any payment that I receive from my insurance company relative to services rendered by Colon Rectal Health Center.

\_\_\_\_\_ I understand that it would be a fraud, punishable by a civil and/or criminal penalties, if I failed to remit full payment to Colon Rectal Health Center immediately after receiving a payment from my insurance company for medical services rendered by Colon Rectal Health Center.

\_\_\_\_\_ I authorize Colon Rectal Health Center, without further notice, to debit my credit card for medical charges that remain unpaid for more than sixty (60) days following the date that the services were rendered.

\_\_\_\_\_ I understand and agree that, in the event that medical charges remain unpaid for more than ninety (90) days following the date that the services were rendered, Colon Rectal Health Center is entitled to collect interest on all amounts owed at a rate of nine percent (9%) per annum accruing as of the date services were rendered.

\_\_\_\_\_ I understand and agree that, if Colon Rectal Health Center is required to retain counsel in order to enforce any of the above provisions, Colon Rectal Health Center will report the account to any and all appropriate credit bureaus and I will be responsible for paying all attorney fees and court costs incurred by Colon Rectal Health Center relative to said enforcement action.

**I HEREBY AGREE AND UNDERSTAND THAT THE ABOVE PARAGRAPHS ARE THE TERMS OF MY CONTRACT WITH COLON RECTAL HEALTH CENTER.**

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's name (printed)