

## FEES AND INSURANCE INFORMATION

All fees are payable at the time services are rendered. We accept most major credit cards. Your medical insurance is a contract between you and your insurance carrier and the terms of the contract vary according to the terms of the policy. Final payment for all charges is the patient's responsibility and should it be necessary for this account to be turned over to either an attorney or collection agency for collection, I understand that I will be liable for any charges incurred, including attorney's fees and court costs.

Todos los honorarios por servicio deben ser pagados al recibir el servicio. Aceptamos ciertas tarjetas de crédito. Su seguro medico es un contrato entre usted y su compañía de seguro. Pagos por nuestros servicios dependen de los términos de su póliza. El pago final de todos los cargos es su responsabilidad. Si es necesario tomar acción legal para cobrar esta deuda. usted es responsable de los gastos legales.

We have elected not to carry Medical Malpractice insurance or otherwise demonstrate financial responsibility. However, we agree to satisfy any adverse judgements up to the minimum amounts pursuant to S.458.320 (5) (g). Florida Law imposes penalties against non-insured physicians who fail to satisfy adverse judgements arising from claims of medical malpractice. This notice is pursuant to Florida law.

Hemos elegido no llevar seguro de negligencia médica o no demostrar de otra manera responsabilidad financiera. Sin embargo, acordamos satisfacer cualquier juicio adverso hasta las cantidades mínimas conforme a S,458.320 (la ley 5) (g). Florida impone penas contra los médicos de los no-asegurado que no pueden satisfacer los juicios adversos que se presentan de demandas de la negligencia médica. Este aviso esta conforme a la ley de la Florida.

## PHYSICIAN'S RELEASE AND ASSIGNMENT

I hereby authorize payment directly to the physician of all benefits applicable and otherwise payable to me from my insurance carrier. HMO or other third-party payor, for services rendered by the physician. I understand that I am financially responsible to the physician for any and all charges that the carrier declines to pay. I hereby authorize the release of my medical records as deemed necessary for payment of insurance benefits.

Por la presente autorizo el pago directamente a el medico todos los beneficios derivados del seguro que ampara al paciente y que normalmente yo tendría derecho de percibir. Con mi firma autorizo transferir documentos relacionados a mi tratamiento médico a mi compañía de seguro para procesar mi reclamación. Yo entiendo que soy responsable por todos los cargos no cubiertos bajo mi seguro médico.

---

PATIENT'S / GUARANTOR'S SIGNATURE

---

DATE