



WESTERN MEDICAL
EQUIPMENT

Patient Name _____ DOB ___/___/___ SS# _____

Address _____ City _____ Zip _____

Home PH _____ Cell _____ Gender M / F

Responsible Party Name _____ DOB ___/___/___ Phone _____

Relation to Patient _____ Address _____

Primary Insurance _____ Policy # _____

Primary Policy Holder Name _____ DOB ___/___/___ Phone _____

Referring Physician _____ Phone _____

Financial Agreement and Authorization for Treatment

I authorize the treatment of the person above and agree to pay all fees and charges for such treatment. I agree for me and for the members of my family shown by statements, promptly upon presentment, unless prior arrangements are made upon in writing. Charges shown by statements are agreed to be corrected and reasonable unless protested in writing within in thirty (30) days of the billing date. In the even legal actions should become necessary to collect an unpaid balance due for medical services rendered to me or my family, I/we agree to pay responsible attorney fees and such costs the Court deems proper.

It is agreed that payment will not be delayed or withheld because of any insurance coverage of the pendency of claims and all proceeds of the insurance are hereby assigned to this office where applicable, but without assuming responsibility for the collection.

Finance Charges

- I may pay the balance in full within 30 days of the closing day of the statement and there will be no other finance charge
- Finance charges will be calculated each month on the amount of the unpaid balance after deducting payments or credits and before adding new purchases. Western Medical Equipment reserves the right to charge Finance charge will be /calculated at the rate %1.5 (annual percentage rate %18) Minimum of 50 cents per month beginning 30 days from closing date.

_____ I give this office, it's providers, collection agencies, successors to dial any phone number provided by otherwise owned by me or my spouse.

_____ I give this office permission to leave me a message

_____ I give this office permission to communicate with me via email provided, regarding financial obligations

You are entitled to a copy at the time of agreement. Do not sign the agreement unless before you read and agree to the conditions set forth. Keep a copy to protect your legal rights

Signature: _____ Date: _____