

STATEMENT OF FINANCIAL RESPONSIBILITY

I understand that Brooklyn Plaza Medical Center, Inc. (BPMC) may accept assignment of insurance benefits. However, it will require that I guarantee payment of unpaid deductibles and / or charges by credit card or pay a minimum of 50% of the charges in case, at the time of service. I understand that BPMC cannot bill my insurance company unless I provide complete insurance information and an original claim form. I understand that my insurance policy is a contract between the insurance company and myself and that BPMC is not a party to that contract.

I understand that by guaranteeing payment by credit card I am authorizing BPMC to charge my credit card for unpaid balances, unapproved charges and / or unpaid deductibles. I understand that some and perhaps all of the services provided may be non – covered services and not considered reasonable and necessary or that the charges may exceed that which is deemed usual and customary under the Medicare Program and / or other medical insurance but that this will not release me from responsibility for payment for those services.

I also understand that if I elect to pay cash for services that I will be billed for any unpaid balances and will be held financially responsible for payment.

I understand and agree to this statement

Signature of Responsible Party Date