

Financial Responsibility for Services

Dear Patient,

We will **not** submit a request to your insurance company carrier for financial reimbursement for BHRT services provided to you

Your signature below confirms that you agree to be personally and fully responsible for all costs associated with the services provided to you.

Thank You

1. FINANCIAL RESPONSIBILITY

I understand that in consideration of the services provided to the patient, I am directly and primarily responsible to pay the amount of all charges incurred for services and procedures rendered at DeRoberts Plastic Surgery. I am responsible for any applicable deductible or co- payments prior to the provision of services. For surgery and treatment, DeRoberts Plastic Surgery will provide me with an estimate of my total financial responsibility and the date by which this amount must be paid in full. I understand that due to the individual needs of each treatment or procedure, this fee is only an estimate. In the event my care exceeds the amount of the estimate, I will be financially responsible for the balance. I further understand that such payment is not contingent on any insurance, settlement or judgement payment.

I understand that I will be responsible for prompt payment of all amounts owed to DeRoberts Plastic Surgery. Should the account be referred to a collection agency or attorney for collection, the undersigned shall pay all costs of collection, including reasonable attorney's fee.