



FINANCIAL AND CONSENT AGREEMENT

Rakesh K Saini, MD
Board Certified

ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.

Patient Information Form: - Financial Agreement

- A) Services are rendered to the patient, not the insurance company. Our office will file your insurance if proper information is received.
- B) You are responsible for all co-pays, deductibles, non-covered services, co-insurance and items considered : **Not Medically Necessary** by your insurance
- C) For unpaid claims; it is your responsibility to follow-up with your insurance company and any balances that may be considered due and payable.
- D) It is your responsibility to notify the front desk of any insurance or address changes
- E) You will be responsible for any charges that occur if changes to your current insurance are not communicated at the time of services.
- F) There is a **\$35.00 fee for any returned checks or credit card payments**. Payment must be made by cash or money order. No Checks or credit cards will be accepted.

Patient Authorization & Consent

I _____, hereby voluntarily consent to medical treatment provided by Rakesh K Saini, MD or his authorized designee, as they may in their professional judgment be necessary to provide appropriate medical care.

I authorize Rakesh K Saini, MD to submit claims to my insurance company for services rendered by the medical provider.

I authorize the release of any medical information necessary in order to process this assignment on the claim.

I authorize payment be made to Rakesh K Saini, MD for services provided by them.

Patient Signature or Legal Guardian

Date

Printed Name

Date

Relationship to Patient