**PATIENT FINANCIAL RESPONSIBILITY**

Your signature below forms a binding agreement between Fifth Avenue Endocrinology (Fifth Avenue Endocrinology PLLC, the provider of medical services), Messer Medical (Messer Medical, P.C., the provider of medical services and/or Dr. Minisha Sood (Sood Medical, P.C. the provider of medical services) and the Patient who is receiving medical services, or the Responsible Party for patients under 18 years old. The Responsible Party is the individual who is financially responsible for payment of medical bills.

 **Payment Due in Full at the Time of Service:**

**All charges for services rendered are due and payable in full at the time of service, regardless of whether you have insurance.** If you have [commercial] insurance, we will bill them as a courtesy to you, but we cannot guarantee payment of benefits from the insurance company to you. If your account balance is not paid in full and/or we are not provided with the most up to date insurance information by the you, the patient, at the time of your visit, we cannot guarantee submission of your superbill. You hereby waive any and all claims against Fifth Avenue Endocrinology, Dr. Caroline Messer/Messer Medical, P.C. and/or Dr. Minisha Sood/Sood Medical, P.C. with respect to the processing of insurance claims and the payment of benefits from the insurance company to you. Acceptable payment methods include cash, credit card or check.

 **Returned Check Policy:**

If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC), or Refer to Maker (RTM), the Patient or the Patient’s Responsible Party will be responsible for the original check amount in addition to a $25.00 check service charge. Once notice is received of the returned check, Fifth Avenue Endocrinology, PLLC, Messer Medical, P.C. and/or Sood Medical, P.C. will send out a letter to notify the Responsible Party of the returned check. If a response is not made within 15 days from the letter date by the Patient or the Responsible Party, the account may be turned over to our collection agency and a collection fee will be added to the outstanding balance – in addition to the $25.00 check service charge.

**Non-Payment on Account:**

Should collection proceedings or other legal action become necessary to collect an overdue account, the Patient or the Patient’s Responsible Party understands that Fifth Avenue Endocrinology, PLLC, Messer Medical, P.C., and/or Sood Medical, P.C. has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The Patient, or the Patient’s Responsible Party, understands that they are responsible for all costs of collection including, but not limited to, interest due at a 16% APR, all court costs and attorney fees, and collection fees that will be added to the outstanding balance.

 **Missed Appointments and Late Cancellations:**

You will be charged a fee of **$150.00** if you miss an appointment or fail to cancel an appointment at least 24 hours prior to your scheduled visit. You must pay this balance in full at the time of your next appointment.

By signing below, you agree to accept full financial responsibility as a patient who is receiving medical services, or as the Responsible Party for patients under 18 years old. Your signature verifies that you have read this Patient Financial Responsibility statement, understand your responsibilities, and agree to these terms.

 / /

Patient’s Name (Print) Date of Birth (mm/dd/yyyy)

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Signature of Patient/Responsible Party Date (mm/dd/yyyy)