



FINANCIAL AGREEMENT

Patient Name: _____

Account Number: _____

I hereby agree to pay for any services rendered to me and my family by Markle Medical Center, Inc. now or in the future. This agreement is given as an inducement to Markle Medical Center, Inc. to render medical charges and supplies now and at any time in the future should the need arise. My agreement includes the promise to pay for Markle Medical Center's reasonable attorney fees and interest on any delinquent balance at the rate of 1.5% per month (18% per annum). This agreement is freely given and in recognition of that I will not be required to sign the same or similar agreement for future services or supplies rendered by Markle Medical Center, Inc. I understand this agreement shall remain on file at Markle Medical Center, Inc. until revoked by me in writing.

Responsible Party/Legal Guardian (Signature)

Date

I authorize the release of any medical information necessary to process a claim to my insurance carrier(s). I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize insurance payments be directed to Markle Medical Center, Inc. unless my account is paid in full.

Responsible Party/Legal Guardian (Signature)

Date

Responsible Party/Legal Guardian (Printed)

Witness