



Markle Medical Center
Bluffton Physician Services, LLC

FINANCIAL AGREEMENT

Patient Name: _____

Account Number: _____

I hereby agree to pay for any services rendered to me and my family by Markle Medical Center/Bluffton Physician Services, LLC now or in the future. This agreement is given as an inducement to Markle Medical Center/Bluffton Physician Services, LLC to render medical charges and supplies now and at any time in the future should the need arise. 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/Bluffton Physician Services, LLC. I understand this agreement shall remain on file at Markle Medical Center/Bluffton Physician Services, LLC until revoked by me in writing.

Responsible Party/Legal Guardian (Signature) Date

I authorize release to the indicated insurance carrier(s) any medical information about me needed to determine payments for related services. I request payment of government benefits either to myself or to the party who accepts assignment. I request payment of authorized benefits be directed to Bluffton Physician Services, LLC unless my account is paid in full.

Responsible Party/Legal Guardian (Signature) Date

Responsible Party/Legal Guardian (Printed) Witness