



East Alabama Ear, Nose & Throat, PC

Dear Patient,

We will file your charges to your insurance company as a courtesy for you. If they reject your visit, for any reason, you will be held responsible. The balances are ultimately your responsibility. We will try any and all means to work with you to take care of your bill with our office.

AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all costs of collection (33.33%), attorney fees and /or court costs, if those should be necessary. I waive now and forever my rights of exemption under the laws of the constitution of the State of Alabama and any other state.

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE AND/OR EMAIL: I, the undersigned, give East Alabama Ear, Nose and Throat, its employees and/or agents “express prior consent” to contact me at any/all phone numbers and email addresses, for the purpose of treatment, insurance or payment.

Signature

Date

Printed Name