

## *Financial Agreement*

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1. I agree to be responsible to Bridgewater Ambulatory Surgery Center for all bills and charges, regardless of any insurance coverage that I may have. These charges are separate from any bills that I may receive from my doctor and/or anesthesiologist. I also agree to be responsible for all collection costs, including without limitation reasonable attorneys' fees should my account be delinquent and is referred to an attorney or collection agency. I understand that an account shall be considered delinquent if:
    - i. it is not paid in full within 60 days from the date of service.
    - ii. it is not paid in full within 30 days from the date of initial billing or
    - iii. regardless of the amount of time that has elapsed since the initial billing; if I received payment from an insurance carrier and do not tender it to Bridgewater Ambulatory Center within 5 days hereafter.
  2. Bridgewater Ambulatory Surgery Center may release all or part of my records to any person or corporation which is or maybe responsible for the payment of all or part of Bridgewater Ambulatory Surgery Center's charges.
  3. I authorize payment to medical benefits to Bridgewater Ambulatory Surgery Center for services rendered.
  4. I certify that I have read and fully understand the above statement. I acknowledge that no guarantees have been to me as to the results of treatments or examinations performed in Bridgewater Ambulatory Surgery Center.
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