

DESERT NEUROLOGY
2020 Wellness Way Suite 202, Las Vegas NV 89106
Tel: (702) 732-2600*Fax: (702)732-2622**

THIS AGREEMENT, made this _____ day of _____, 20____
Between Venkat Veerappan, MD PC dba Desert Neurology, hereinafter called COMPANY,
and the following party(ies): , herein after called PATIENT(S):

AGREEMENT OF FINANCIAL RESPONSIBILITY

WITNESSETH:

NOW THEREFORE, IT IS MUTUALLY UNDERSTOOD AND AGREED AS FOLLOWS:

If payment is not received on my/our balance, and my/our account is referred to a collection agency and / or their attorney I/We do hereby agree to pay all "Costs of Collection".

1. Patient(s) agrees to pay all "Costs of Collection" incurred but not limited to; all Attorney's Fees, Court Costs, Filing Fees, and charges or commissions that may be assessed by any collection agency retained to pursue this matter.
2. Collection Fees will be assessed at 40% for Regular Collections and 50% for Legal Collections or Forwards.
3. Patient(s) further agrees to pay interest at the rate of 2% (two) percent per month, which equates to 24% (twenty-four) percent per year from date of first delinquency.
4. Credit Card & Check payments via Telephone will be assessed an additional 5% fee of the balance being paid. Patient agrees to pay \$25.00 for checks returned for Non-Sufficient Funds, Stop Payments or Closed Accounts or Credit Card Returns.

I/We hereby consent to and authorize all treatment that may be advisable or necessary. I/We hereby agree to inform this office of any changes in my/our medical history, insurance coverage, and/or address, as they may occur. I/We authorize this office to release any necessary medical information to my/our insurance company(ies) or third parties, when requested.

H.I.P.P.A. COMPLIANCE: Our Office, Staff and Associates are conversant with and abide by the Rules, Regulations and Statutes relevant to the protocols of law regarding the Federal Law governing the protection of Individual Consumer / Patient Privacy.

PRIVACY POLICY: We do not share "Non Public Information" with any "Third Parties or Entities" All information provided shall be kept confidential and we shall treat same as privileged. Past due debts "Assigned" to a Collection Agency will be reported to the National Credit Bureaus in accordance and compliance with all **F.D.C.P.A. and F.C.R.A. Federal Statutes as well as State of Nevada Statutes governing collections.**

Patient: _____ SS No: _____ Date: _____

Patient: _____ SS No: _____ Date: _____

Guarantor: _____ SS No: _____ Date: _____

Co-Maker: _____ SS No: _____ Date: _____