

GUILLERMO MARRERO, MD., P.A.

1000 Executive Dr. Ste 1
Oviedo, FL 32765

FINANCIAL AGREEMENT

In consideration of the patient receiving services from Guillermo Marrero MD., P.A. I agree:

- I am responsible for all expenses for treating the patient.
- Payment of charges is due at the time of the appointment.
- If Guillermo Marrero MD., P.A. files my insurance for me, I agree to pay for non-covered insurance benefits, co-insurance, co-pays and deductibles.

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|----------------------------|--|
| _____ Patient Signature | _____ Responsible Party's Signature (Patient Guardian of Minor) |
| _____ Printed Name | _____ Printed Name |
| _____ Date | _____ Date |

AUTHORIZATION TO RELEASE INFORMATION & TO PAY BENEFITS

I authorize Guillermo Marrero MD., P.A. to release any of my medical information, including drug and alcohol and HIV positive test results, to any insurance company(s), as needed to process my insurance claim.

I authorize my insurance company, to make payments directly to Guillermo Marrero MD., P.A. for covered medical and/or surgical services.

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|----------------------------|--|
| _____ Patient Signature | _____ Responsible Party's Signature (Patient Guardian of Minor) |
| _____ Printed Name | _____ Printed Name |
| _____ Date | _____ Date |