

Financial Agreement

Guarantee of Payment:

I acknowledge Psychiatry of the Palm Beaches does not accept any insurance other than Medicare and Medicare supplements for outpatient initial evaluations, psychotherapy and med management services. I shall be fully responsible to Psychiatry of the Palm Beaches for payment of the entire amount of charges to the office. I am ultimately responsible for all fees regardless of any insurance coverage unless other arrangements have been made in advance writing. Payment is due at the time of services rendered.

Furthermore, I hereby guarantee payment of all collection charges incurred, including reasonable attorney's fees and court costs incurred in the event that a collective action is necessitated due to default in payment of said charges.

Signature: _____ Date: _____