

The Urology Clinic of Utah Valley

FINANCIAL AGREEMENT

I, _____ (patient or responsible party) hereby agree to the following financial arrangement:

1. It is further agreed that if I fail to make payments as agreed above, the entire unpaid balance becomes due and payable immediately.
2. It is agreed that a service charge of 1-1/2 % per month will be assessed on any amount not paid within 30 days of billing.
3. It is agreed that I will be responsible for court costs, attorney's fees or other costs incurred incidental to any collection action.
4. It is understood and agreed that I am solely responsible for the payments of the Doctor's fee herein and may not assign that responsibility to any insurance company or third party.

Patient Signature / Date

Authorized Signature