



MID-SUFFOLK MEDICAL CARE P.C

Mohammed Azaz, MD

Diplomate, American Board of Internal Medicine

INDEPENDENT PRACTICE --> WORKING ONLY FOR YOU.

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FINANCIAL AGREEMENT

I AGREE THAT IN CONSIDERATION FOR THE SERVICES RENDERED TO ME, TO PAY ALL AMOUNT FOR WHICH I AM FINANCIALLY RESPONSIBLE, IN ACCORDANCE WITH THE RATES AND TERMS OF MID SUFFOLK MEDICAL CARE, PC.

I understand that to the extent permitted by law, where insurance or other third party benefits are Insufficient to pay for all of the services rendered, that will be responsible for the payment of any balances due as determined by the respective provider of services, including deductible, copayments, co-insurances or other fees required by the insurer, HMO or other benefits.

I understand that If I have not provided Mid Suffolk Medical Care, PC with accurate and current information regarding my insurer at the time of service, HMO or other benefit plan/third party payer which provides me with health care coverage, I will be personally responsible for the cost rendered by the practice. I agree to pay all bills when presented. I understand there will be a \$25.00 charge for returned checks.

I understand and agree to the "No Show" policy that if I cannot keep my appointment, I must contact the office 24 hours prior to the appointment to cancel and a \$35 fee will be charged to my account if I do not contact the office.

Medical patients please note, Dr. Azaz must be the Primary Care Provider through your insurance If required by the terms of your insurance agreement. Please be aware that we only participate with HMO Medical Including Fidelis, Affinity, and Healthcare Partners.

Acknowledgement of receipt of this document.

Signature of Patient or Legal Representative

Date

If signed by Legal Representative (Print Name)

Relationship to Patient

ANY PREVIOUS RESTRICTIONS REGARDING YOUR INFORMATION WILL NO LONGER BE VALID.