CHRISTOPHER BINETTE, M.D.
HUE THAI, M.D.

LAWNWOOD
SURGICAL SPECIALISTS
A Specialists® Practice
VASCULAR SURGERY

2401 Frist Boulevard, Suite 4
Ft. Pierce, FL 34950
Phone: (772) 595-5302
Fax: (772) 595-5304

# Financial Agreement

**Financial acknowledgement for Private Pay Patients or Patients without Insurance**

Patients who do not have insurance coverage are expected to pay charges in full at the time services are rendered. I agree that I am financially responsible for all charges incurred during the time of service.

**Signature of Patient or Personal Representative** **Date**

**OR**

**Assignment and Authorization of Benefits for Patients with Insurance**

I hereby assign all medical and /or surgical benefits, to which I am entitled, including Medicare, private insurance, and other plans to the practice. I understand that I am financially responsible for all charges, co-payments, co-insurance and deductibles. To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of the patient's medical record. I authorize insurance claims filed and benefits assigned.

**Signature of Patient or Personal Representative** **Date**