



AGREEMENT FOR PAYMENT

In consideration of the services or materials rendered to _____
Name of Patient

(“Patient”) as a patient of Surgical Associates of Kingsport, Inc. (“Surgical Associates”) the Undersigned do hereby expressly agree to pay and guarantee payment in full of any and all charges for services rendered and materials furnished to or for Patient by Surgical Associates, and the Undersigned further agree as follows:

1. **TERM OF AGREEMENT.** This agreement shall be continuing and shall be effective from the date signed as to any and all subsequent treatments and procedures, whether or not said treatments or procedures are related and whether or not subsequent Agreements for Payment are executed.
2. **DEFAULT.** If more than one person sign this Agreement, their liability shall be joint and several. In the event of default, Surgical Associates may proceed against any one or any combination of the Undersigned, at its option, for payment of the entire balance of the account. The Undersigned agree to pay all costs associated with collection of this account if the account becomes delinquent, including a 20% collection fee upon placement with a collection agency or a reasonable attorney fee of not less than 20% if placed with an attorney for collection.
3. It is your responsibility to notify Surgical Associates of any name change, change in address, and phone number with in one month of the change.

Date: _____
Signature of Patient or Legal Representative

NOTICE OF INFORMATION PRACTICES

I understand that I have been provided with a Notice of Information Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this form. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested.

Date Signature of Patient or Legal Representative

Representative