GRAND VIEW / SURGERY CENTER
at HARLEYSVILLE

270 Main Street (Route 63)
Harleysville, PA 19438
(267) 429-2550 Phone
(267) 429-2548 Fax

FINANCIAL AGREEMENT & ASSIGNMENT OF INSURANCE BENEFITS

In consideration for the services rendered to the patient, the undersigned hereby individually obligates him/herself to the account of Grand View Surgery Center at Harleysville in accordance with the Surgery Center regular rates and terms regardless of whether insurance payments are available or made on my behalf. In the event it should be necessary to refer the account to any attorney or collection agency for collection; I hereby agree to pay reasonable attorney's fees and collections expenses. All delinquent accounts at Grand View Surgery Center at Harleysville's option, bear interest at the legal rate.

In consideration for the services rendered for the patient the undersigned hereby authorizes direct payment of any insurance benefits to Grand View Surgery Center at Harleysville otherwise payable to me for this admission. I transfer and assign all the right title and interest in the patient's insurance policy and payment due me to the Grand View Surgery Center at Harleysville.

I understand and agree that I am responsible for providing any information required by my insurance company and agree to follow those pre-admission and pre-authorization guidelines which the insurance company may require. I understand that I am financially responsible for all charges which are not covered by insurance, including, but not limited to, co-pays, deductibles, charges more than policy coverage, and limitations or exclusions of coverage.

I CERTIFY THAT I HAVE READ THE FOREGOING AND THAT I AM THE PATIENT, PARENT, LEGAL GUARDIAN OR AM DULY AUTHORIZED BY THE PATIENT AS THE PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

I UNDERSTAND AND AGREE THAT, AT THE TIME THE PATIENT HAS MET GRAND VIEW SURGERY CENTER AT HARLEYSVILLE'S MEDICAL CRITERIA TO LEAVE THE FACILITY, I WILL HAVE A RESPONSIBLE ADULT PRESENT TO TAKE ME/PATIENT HOME. I RELEASE GRAND VIEW SURGERY CENTER AT HARLEYSVILLE FROM ANY RESPONSIBILITY FOR EVENTS IN VIOLATION OF THIS AGREEMENT.