



# Skyhar MD, Inc

310 Santa Fe Drive, Suite 112, Encinitas, CA  
760-690-3800

## Financial Agreement

In order to provide you with the highest quality of affordable healthcare, we request that our charges for office visits be paid at the conclusion of each visit. Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some insurance companies pay fixed allowances for certain procedures; others pay a percentage the charge.

It is your responsibility to pay any co-insurance, or any other balance not paid by your insurance. If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection, to the extent necessary to determine liability for payment and to obtain reimbursement. I authorize disclosure of the patient's records.

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I'm entitled, including Medicare, private insurance and other health plans, to the provider. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all necessary information to secure payment.

Skyhar MD, Inc may have a financial or other interest in companies which manufacture, distribute or supply some of the products or services that are used in the course of your treatment. If you have questions or concerns about a particular manufacturer, product or service, please let us know.

SIGNATURE (Responsible Party)\_\_\_\_\_ Date\_\_\_\_\_