



BELLAMAH
VEIN CENTER

In order to protect your health information and that of other patients, it is Bellamah Vein Center's policy not to allow the use of personal photography, video or audio recording devices within our office.

Bellamah Vein Center may need to photograph you to document your medical condition, help with diagnosis and/or treatment of a condition, and/or to help plan details of your treatment. Photographs are taken solely for these clinical reasons and will be made part of your medical record.

I acknowledge that Bellamah Vein Center may release to third party payers requested medical and/or other information necessary to process my claim(s). I hereby assign to Bellamah Vein Center all benefits which are or shall become payable from any third party payer who is responsible for payment of my Bellamah Vein Center expenses. I authorize and direct all third party payers to pay all benefits directly to Bellamah Vein Center.

This may include health care information associated with drug/alcohol abuse, mental or psychiatric care, abortion, HIV status and/or diagnosis of AIDS and/or other sexually transmitted diseases including hepatitis.

Patient and/or persons legally and financially responsible for patient's medical bills agree to pay patient's account regardless of the existence of insurance or third party liability. Full payment will be made promptly unless other credit arrangements are made. Bellamah Vein Center is free to declare the entire balance to be due and payable if any scheduled payments are missed. The undersigned agrees to pay all costs of collection, including reasonable attorney's fees, if the account is not paid timely.

I, _____ authorize treatment and agree to pay all fees
(Printed Patient Name) and charges for any services.

Signature of Patient

Authorized Representative Signature/Relation

Date

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