



FINANCIAL AGREEMENT

PATIENT RESPONSIBILITY:

I agree to pay the Overlake Hospital Medical Center for the balance due after any applicable insurance payment. I understand and agree to the following:

- I am responsible only for the patient responsibility amount. Any applicable co-payment or deductible are due upon time of service. Other patient responsibility amounts are due upon billing.
- Should the account go to collection, the amount due shall include all reasonable lawyer's or collection fees and interest.
- If I am signing as an agent for the patient, I will be responsible to pay the amount the patient must pay.
- If I am married, the marital community must pay for the patient responsibility amount.
- The Overlake Hospital Medical Center may check my employment and financial information. This is to confirm my ability to pay the patient responsibility amount or see if I am eligible for charity care.