

The Center for Reproductive Medicine
3 Mobile Infirmery Circle Suite 213
Mobile, AL36607

We accept assignment on most insurance carriers, but YOU are responsible for any services not covered by your insurance carrier. You agree to make payment to us for co-pays at the time of service. If you have commercial insurance coverage, we will supply insurance forms for your carrier, but YOU are responsible for all charges incurred. You are responsible for any medical fees which your insurance company denies for failure on your part to obtain referrals or prior authorizations. You are responsible for services rendered which are not paid by your insurance such as deductibles, co-pay's and for services which are deemed necessary by our physicians, but are not covered by your insurance even if your insurance carrier deems the service not necessary. In the event you fail to pay for services rendered, you agree to pay reasonable attorney's fees and all costs of collection including court costs if this matter is referred to an attorney or collection company.

I have read the above agreement, and understand that I am responsible for the charges incurred.

Signature _____ Date _____

Referring Doctor: _____