

DURANGO REPRODUCTIVE

– CONDITIONS –

RELEASE OF INFORMATION: Durango Reproductive Medicine is authorized to furnish requested information to insurance companies, billing intermediary, government agency, the patient, or employer for the purpose of obtaining payment for professional services provided to the patient.

FINANCIAL AGREEMENT: In consideration of the services rendered by Durango Reproductive Medicine, the undersigned agrees to assume full responsibility for all charges.

ASSIGNMENT OF INSURANCE BENEFITS: The undersigned authorizes payment to Durango Reproductive Medicine of any benefits. The undersigned understands that he/she is financially responsible for charges not covered by this authorization.

I HAVE READ AND AGREE TO THE ABOVE CONDITIONS.

Signature Patient/Parent/Guardian

Date