

**Liberty Regional Medical Center
Hinesville, GA 31310
(912) 369-9400**

Date: _____

RELEASE OF INFORMATION and FINANCIAL AGREEMENT

I / We hereby acknowledge and agree with the following:

1. Service Provider. The x-ray technician providing services at Coastal Orthopedics and Sports Medicine is an employee of Liberty Regional Medical Center (LRMC). I understand that I will be billed for the technical charges associated with these services by LRMC and that Coastal Orthopedics will bill me only for the professional interpretation of the x-rays.

2. Release of Information. I / We authorize the release of insurance and demographic information, as well as treatment notes associated with all x-ray services from Coastal Orthopedics to LRMC as required to process my insurance and / or bill me appropriately.

3. Guaranty of Payment. I / We, both jointly and individually, shall be fully responsible for payment of the patients' bill, based on the hospital's posted charges, which I / We agree are fair and reasonable for the services that has or will be provided to the patient whose name appears below. The hospital may demand full payment of the patient's bill at any time, but the hospital is not required to do this. Even if the hospital doesn't demand immediate payment, my / our obligation to make such payment remains the same.

4. Insufficient insurance coverage. If any insurance coverage which the patient may have; such as Blue Cross, Medicare, Medicaid, Worker's Compensation or other coverage rejects the patient's claim, or allows only part of the claim, I / We shall be responsible for immediate payment of the balance due, as determined by the hospital.

5. Agreement. I / We have read, understand, and received a copy of this agreement. I / We further agree this release of information and financial agreement is valid for all services rendered for a period of one full year from the above date, at which time it shall expire.

Name of Patient

Name of Person Guaranteeing Payment

Account Number

X _____
Signature of Person Guaranteeing Payment

Home Address of Person Guaranteeing Payment

Telephone Number

Witness

Employer's Name / Telephone Number