



Self-Pay Patient Payment Agreement

I understand that I will be responsible for all charges related to the service(s) provided to me by Matthews-Vu Medical Group.

I understand the charges presented to me are an estimate of the services today. Once the provider completes the documentation, our billing department will review and the final charges will be determined. Today's payment of \$70 is a deposit and you may receive a statement for the remaining balance. I also understand these charges are solely in relation to professional services provided by the provider and/or other services that are performed **in the office**.

I will also be responsible for all fees billed to me separately in relation to any ancillary (lab or radiology) services.

The patient certifies that he/she has read and agreed to the above and is the patient or the patient's representative or is dully authorized by the patient as the patient's general agent to execute the above and accept its terms.

Patient Name (Please Print)

Patient Date of Birth

Patient Signature

Date