

GUARANTY FOR MEDICAL FORMS

I understand and agree that Health/Accident insurance policies are an arrangement between an insurance carrier and myself. I also understand that (your company name) will prepare any necessary reports/forms to help me in making collection from an insurance company and that amount authorized to be paid directly to (your company name) will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me will be immediately due and payable. If I am paying by credit card, I authorize (your company name) to put my balance through accordingly. I also authorize the release of any medical information/records necessary to process my insurance claims. I now assume liability for all services rendered. In the event this account needs to be assigned to a collection agency or attorney, I am aware that I will be responsible for all attorney's fees, collection fees, filing fees, interest at a rate of 1.5% per month and any other cost incurred. Venue will be (your county and State).

SIGNATURES	
Signature	
Name and Title	
Date	

Disclaimer: Voss & Klein,LLC. Presents no guaranty of any information in this form with regard to the successful collection of debt. This for is for reference purposes only. Legal advice should be sought for your individual type of business.