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ALABAMA ORTHOPAEDIC CLINIC, P.C.

**ACCOUNT AGREEMENT**

**IMPORTANT:** We are willing to assist in processing insurance claims. However, payment of all office and surgical services rendered is the responsibility of the patient. We request that payment be made at the time of services.

The undersigned does hereby authorize and consent to the professional services rendered to the named patient by ALABAMA ORTHOPAEDIC CLINIC, P.C.

**Authorization is given to release such information as may be necessary for the completion of medical insurance claims and for payment of medical benefits to ALABAMA ORTHOPAEDIC CLINIC, P.C.**

In consideration of medical services rendered to the patient listed, the undersigned does hereby agree to pay all charges incurred at ALABAMA ORTHOPAEDIC CLINIC, P.C. and waives all rights of exemption under the Constitution of the State of Alabama. In the event this account is turned over to a collection agency the undersigned further agrees to pay all fees, charges and related court costs in association with collection of same.

If you have any questions or you are not covered by medical insurance, please contact our business office at 251-410-3600.

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Patient's Name - Please PRINT

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Patient (Parent/Guardian) Signature

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Date:

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Witness