

**Kennebec Medical Consultants**  
**Financial Agreement**

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, check or Visa/MasterCard.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a part of that contract.
2. Most insurance companies pay a percentage (such as 50% or 80%) of their "U.C.R." (usual, customary and reasonable fees) in this region. Unless contracted, we are not obligated to accept the "U.C.R" from such insurances.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that our relationship is with you, not your insurance company. All charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

I (we) do hereby agree to pay Kennebec Medical Consultants: Jerald E. Hurdle, D.O.: a minimum of 20% a month for the balance(s) remaining after my insurance, Medicaid or Medicare payment(s) have been applied within 30 days of notification. If the account(s) become delinquent, the undersigned agrees to pay all of the creditor's collections expenses, including collection agency fees of \$100 or 40%, whichever is greater; plus additional attorney's fees of either \$250 or 25%, whichever is greater (if the delinquent accounts are referred for litigation). If suit is brought, it may be filed in Kennebec County. The account(s) will have 12% interest added per annum. The undersigned agrees to waive all Statute of Limitations on these accounts.

Oral agreements or commitments to loan money, extend credit or to forbear enforcing repayment of a debt, including promises to extend or renew such debt, are not enforceable. To protect you, the borrower(s) and us, the creditor, from misunderstanding or disappointment, any agreement we reach covering such matter are contained in the writing, which is the complete and exclusive statement between us, except as we may later agree in writing to modify it.

The undersigned also acknowledges in the event that incorrect or no information is given in regards to insurance, Medicaid or Medicare for any service rendered within the time allowed for filing, the undersigned is responsible for the total balance.

This agreement will cover any past, present and future service(s) rendered.

Jerald E. Hurdle, D.O. is hereby authorized to render medical care, treatment, medication and other related services to the undersigned and to the undersigned's spouse and minor children (if any) as presently or hereafter needed. In consideration thereof, the undersigned agrees to pay for such treatment and services, as well as for any treatment or services rendered for such persons prior to the signing thereof which are now unpaid, whether barred by the statute of limitations or not, all is one running account.

This authorizes Dr. Jerald E. Hurdle's office to obtain medical records on your behalf from a physician, clinic or medical treatment facility.

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Signature of Patient (Parent or Legal Guardian if Patient is a Minor) \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Other Responsible Party (Must be 18 years or older) \_\_\_\_\_ Date \_\_\_\_\_

Witness to above signatures: \_\_\_\_\_ Date \_\_\_\_\_