

**Financial Party Account Responsibility Form (if not patient) (5/3/07)**

If I am paying for a patient's appointment with Dr. Parks and **I am not the patient**, due to the time that is reserved for the patient's appointment (office visit or phone consult), I agree to be the responsible payee for all follow-up appointments. I agree that the patient's account is my responsibility and my credit card which makes up the patient's account will be charged up to or include the full appointment fee for all future follow-up/failure to show appointments in the event that I or the patient does not give a minimum of 24 hours cancellation/tentative notice by phone, voice mail or fax. Since this time has been reserved for the patient, if 24 hours notice hasn't been given, I will be charged regardless of the reason -- this includes if the patient leaves before the appointment session ends. All charges are non-refundable.

If I or the patient is unable to give proper notice and the patient cannot come in for the reserved office visit or the patient leaves before the appointment ends, **I may call Dr. Parks and utilize this reserved time as a phone consult in regards to the patient during the scheduled appointment time.**

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**If I do not have a credit card on file or have opted out of signing this form**

I will be expected to pay for the patient's appointments in full before the patient is seen by Dr. Parks (this includes phone consults). If I cannot be reached or have not called the office to authorize my card before the appointment time then the patient will be expected to pay before the appointment time. Even though the office staff tries their best to remind all responsible parties of the patient's appointment, the office staff are not required nor responsible for reminding you -- the payee of the patient's appointment if instructions were not specifically given to do so; it is the patient's responsibility to notify the payer ahead of the appointment time to pay the office of Dr. Parks before or at the time of service (unless the patient is paying for the appointment) and also to arrive at the given appointment time.

If the patient does not show to an appointment without proper notice, or has a phone consult/office visit with Dr. Parks and cannot pay at the time of service, then I or the patient agree to pay the cost of the charge immediately else the patient will not be able to reschedule for a follow up appointment, except in the case of an emergency, until we receive payment for the missed appointment/office visit/phone consult. If the appointment is not paid for in one month's time, the bill may be turned over for collection and/or attempts may be made to draft funds from either my or the patient's bank/credit card account. All responsible parties who agreed to pay for the patient's visit of Dr. Parks who do not sign this form are still bound by the policies written herein.

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If I have any questions about this practice or its policies Dr. Parks or staff will be glad to answer and discuss these with me.

I have completely filled out my information on the "SPOUSE OR PARENT'S NAME OR FINANCIALLY RESPONSIBLE PARTY" portion of the Registration Form and agree that my credit/debit/bank/check card will be charged for all reserved appointments. Dr. Parks' office reserves the right to change the terms of this notice at any time.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL) \_\_\_\_\_