



Innovative Pain Solutions Centers

Interventional Pain Specialists

Bowie Location: 6911 Laurel Bowie Rd., Ste.212, Bowie, MD 20715

(P) 301.755.9500 (F) 301.747.6017

Salisbury Location: 201 Pine Bluff Rd., Ste.1, Salisbury, MD 21801

(P) 410.648.2000 (F) 410.946.8360

In consideration of the medical services to be rendered to me today and into my future, I hereby individually obligate myself to pay the account of Innovative Pain Solutions Centers in accordance with their regular rates and terms.

I also hereby authorize direct payment to Innovative Pain Solutions Centers of any insurance benefits otherwise payable to me for said services, and I further authorize this office to release my medical information necessary to process my claim(s). In the event that I receive payment from the insurance, I agree to endorse such payment to Innovative Pain Solutions Centers. I understand that I am responsible for any charges not covered by this assignment. Should my account be referred to an attorney or licensed collection agency for collection I shall be responsible for any attorneys' fees and collection expenses.

I understand that as a courtesy, Innovative Pain Solutions Centers will file a claim with my insurance. If my insurance is not paid within ninety (90) days of the date of filing, I understand that it is my sole responsibility to the total balance of the account. A photocopy of this agreement shall be considered as effective and valid as the original.

I ACCEPT FINANCIAL RESPONSIBILITY FOR ALL MEDICAL SERVICES RENDERED TO ME.

X _____

SIGNATURE OF PATIENT/RESPONSIBLE PARTY

TODAY'S DATE