

Contract for Services

For patients with non-BC/BS insurance

I hereby authorize *Hygeia: A Unique Center for Women's Health* to administer such treatment and perform such procedures necessary or advisable in the diagnosis and treatment of the undersigned or designated patient.

I understand that Dr. Jacobs is not contracted with my insurer and will not submit any bills to my insurer on my behalf. Payment in full is expected at the time of service unless prior arrangements have been made.

I recognize that some or all of my health care expenses may be covered by my insurer and I have the right to submit the claims myself for reimbursement. Hygeia will provide me with an itemized bill for submission.

If I fail to pay my bill at the time of service (or according to my prearranged payment plan) I will be additionally financially responsible for the cost of any administrative or legal fees which are necessary to collect payment.

Signature: _____ Date: _____

Printed Name: _____