Timothy D. Lucey, DO
Board Certified Neurology

FINANCIAL AGREEMENT

Thank you for choosing Dr Timothy D Lucey. We are committed to the success of your medical treatment. Please review the financial agreement and provide the appropriate initials and signature at the bottom.

All payments are due at the time of service.
For your convenience we accept cash, personal checks, Visa, Discover and Master Card. There is a $35 service charge for returned checks. X _____ (initial)

I hereby acknowledge and accept responsibility for all charges made for services rendered to me by Dr. Timothy D. Lucey. X_____ (initial)

I, _____ hereby authorize my insurance company/companies to make
(Name of insured/patient)
medical benefit payments otherwise payable to me for services rendered by Dr. Timothy D. Lucey, but not to exceed the charges of those services, payable to and mailed directly to:

Timothy D. Lucey, DO., PLLC
1865 Lime Street, Suite 103
Fernandina Beach, FL 32034

Patients with an outstanding balance of 90 days or older will need to make arrangements for payment prior to their next appointment. In the event that patients do not make an attempt to clear up and remit payment for outstanding balances, Timothy D Lucey, DO, PLLC reserves the right to turn these delinquent accounts to a third party collection agency. X_____(initial)

I further acknowledge and agree that in the event I fail to pay Dr. Timothy D. Lucey for services rendered and a suit is instituted, I agree to pay their reasonable attorney's fees and all costs incident to collection thereof. I also understand that I am responsible for any agency collection fees instituted to collect this debt. X_____ (initial)

Furthermore, I hereby irrevocably assign to Timothy D. Lucey, DO., PLLC, the rights and benefits under any policy of insurance, indemnity agreement, or any other collateral source as defined in Florida Statutes for any service and/or charges provided by the same.

X_____ X_____
Signature of Patient Witness Signature

X_____ X_____
Patient's Name (please print) Witness Name (please print)