

**MediDoctors, LLC
GENERAL**

**RELEASE OF INFORMATION
GUARANTY OF PAYMENT**

Coverage: This form covers all services or goods provided or to be provided to the patient by any health care provider rendering care to the patient while the patient is receiving services or goods from MediDoctors LLC. MediDoctors includes any and all related affiliates rendering care to the patient. MediDoctors (or its subsidiaries and affiliates) is not responsible for the health care that is provided to the patient by third party health care providers who do not work for MediDoctors (or its subsidiaries and affiliates). As used in this form, "MediDoctors" includes any and all of its subsidiaries and affiliates and "health care providers" includes any and all health care providers rendering care to the patient, whether or not affiliated with "MediDoctors".

Authorization: I hereby authorize MediDoctors and all health care providers rendering care to me to obtain information from and to release information to each other and third parties (1) for the purpose of rendering services to the patient; (2) for the purpose of obtaining payment of any bills for any services or goods provided or to be provided to the patient; (3) for the purpose of conducting patient satisfaction surveys; and/or (4) for the purpose of verifying any information furnished by or on my behalf (including credit and employment information).

Certification: I hereby certify that the information provided and to be provided by me to MediDoctors and all health care providers is and will be true and correct. I agree to pay any expenses incurred by MediDoctors and all health care providers because of incorrect information provided by me.

Acknowledgment: I acknowledge and agree as follows: (1) I am financially responsible for the charges for all goods and services provided to the patient that are not covered by third party payors, (2) at all time, I shall have the responsibility to determine and to meet the requirements of any third party payor, (3) where MediDoctors or any health care providers may provide advice and assistance to the patient, such advice and assistance shall not relieve me of the responsibility to determine and to meet the requirements of any third party payor (4) I shall not assert any claim that I was relieved of this responsibility in the absence of any express written agreement to the contrary and (5) in the event litigation is filed for nonpayment for charges, I agree to pay all expenses incurred by MediDoctors or any health care provider because of such litigation, including reasonable attorney's fees and medical expert witness fees.

THIRD-PARTY PAYORS

Insurance and Benefit Plans: I hereby assign, transfer and set over to MediDoctors all of my rights, title and interest in and to medical reimbursement and/or payment and all my other rights and privileges, under any insurance policy or health care benefit plan private or public providing coverage for the services and goods provided or to be provided by MediDoctors to the patient. I hereby assign, transfer and set over to any health care providers rendering care to the patient all of my rights, title and interest in and to medical reimbursement and/or payment and all of my other rights and privileges under any insurance policy or health care benefit plan, private or public, providing coverage for the services and goods provided or to be provided by such health care providers to the patient.

Liability/Workmen's Compensation Claims: If a third party is liable for any injury or disease for which the patient receives treatment, then I hereby authorize and direct such third party (and/or such party's insurer) to make payment directly to MediDoctors and/or any health care providers rendering care to the patient for the charges pertaining to such treatment. I hereby assign, transfer and set over to MediDoctors and any health care providers the proceeds from any settlement from or any payment or any claim that I have against a third party to the extent that such proceeds or payment are attributable to the services and goods provided to the patient by MediDoctors or any health care providers.

Medicare: I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I assign the benefits payable for covered services to MediDoctors and/or any health care provider to the extent that they have provided covered services. I hereby grant to MediDoctors or appropriate health care provider the right to apply my "lifetime reserve days" for this or any other hospital stay.

Other Governmental Programs: (Including Medicaid and State Local Hospitalization) I authorize MediDoctors or any health care providers to obtain and to release to the appropriate governmental agencies any information needed to qualify for any governmental benefit plan which might cover all or part of the charges incurred by me. I assign the benefits payable for covered services to MediDoctors or any health care providers to the extent that they have provided covered services. I acknowledge and agree that if, for any reason, benefits are denied in whole or in part by any governmental agency I shall pay the charges which have not been covered.

Signature: _____

Printed Name: _____

Capacity (Circle): Patient/Parent/Guardian Agent

Patient/Parent/Guardian Agent

For insurance purposes only, if not included above, signature(s) and printed name(s) of policyholder(s):

Signature: _____

Printed Name: _____

Date: _____ Witness: _____

GUARANTY

I hereby unconditionally agree to pay the charges for all goods and services provided and to be provided to the patient by MediDoctors or any health care provider. I agree that this guaranty of payment can be withdrawn or terminated (1) only as to future health care services provided to the patient, and (2) only by written notice, mailed by certified mail, return receipt requested, to MediDoctors and/or the appropriate health care providers. I hereby consent to the release of information to MediDoctors and any health care providers, for the purpose of verifying any information furnished by me or on my behalf (including credit and employment information). In the event that litigation is filed against me for my failure to honor this guaranty, I agree to pay all expenses incurred by MediDoctors or any health care provider because of such litigation, including reasonable attorney's fees and medical expert witness fees.

Date: _____ Signature: _____ Printed Name: _____