Thomas J. Weigel, M. D SC
Guy R. Randolph, M.D.
Justin N. Uhl, M.D.
737 N. Michigan Ave, Suite 900
Chicago, IL 60611-6600
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PATIENT (GUARDIAN) FINANCIAL RESPONSIBILITY FORM

Thank you for choosing the practice of **Dr. Thomas J. Weigel, Dr. Guy R. Randolph and Dr. Justin N. Uhl** as your healthcare provider. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this for to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities

- The patient (of patient's guardian, if a minor) is ultimately responsible for the payment for treatment and care.
- We will bill your insurance for you. However, the patient is required to provide the most correct and updated information regarding insurance.
- Patients are responsible for payment of co-pays, co-insurance, deductibles and all other procedures or treatments not covered by their insurance plan.
- Co-pays are due at the time of service.
- Co-insurance, deductibles and non-covered items are due 30 days from receipt of billing.
- Patients may incur, and are responsible for payment of additional charges, if applicable. These charges may include:
    - Charge for returned checks
    - Charge for missed appointments without 24 hours' notice

By my signature below, I hereby authorize assignment of financial benefits directly to **THOMAS J.WEIGEL MD SC** and any associated healthcare entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.

I have read, understand and agree to the provisions of the Patient Financial Responsibility Form.

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Signature of patient or guardian Date