



## Third Party Billing & Guarantor Agreement

**PATIENT:**

I, \_\_\_\_\_, hereby request that any balance on my account be paid by the following individual or entity. I understand that if, for any reason, my balance is not paid in a timely manner, (see Payment Policy and Agreement) I will promptly pay any balance due upon receipt of statement or any other notification. I will also provide drivers license or other proof of identification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**GUARANTOR:**

Please provide proof of identity (ID card, Driving License, and Passport).

**Relationship to Patient:** \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge that the above-named patient has or will be receiving medical services from Dr. Rahbar and:

I agree to pay for the above patient's medical services, insurance deductible or co-payments, co-insurance or any unpaid prior balance at the time of the service and I hereby agree to pay such due amounts in one of the following manners. I do understand that in some instances, such as outpatient procedures, an advance payment may be requested. My telephone numbers and address for correspondence and receiving statements is also shown below. I will also provide drivers license or other proof of identification.

**Method of Payment:**

- Check  Cash (must be present at time of service)
- By authorizing the entity to charge my Payment/Credit Card as follows:

<b>Cardholder Name:</b>	
<b>Credit Card Number:</b>	
<b>Expiration Date:</b>	
<b>Name of Credit Card:</b>	
<b>Security Number:</b>	
The card security code is located on the back of the Credit Card.	

I have reviewed and agree to comply with this Agreement. My signature below also constitutes authorization to charge my credit card. I understand that I can cancel this Agreement or credit card authorization through a written notice to the doctor. In that case, I agree to pay for any balance due up to the date of such cancellation.

<b>Name of Guarantor</b>	<b>Signature(Please sign above)</b>	<b>Date</b>	<b>Home Phone</b>
<b>Street Address</b>		<b>Apt. #</b>	<b>Mobile Phone</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Work Phone</b>