



## FINANCIAL CONTRACT/AGREEMENT

1. I understand that if I do not pay my account with Northern Nevada Pediatrics in full that my account may be assigned to a collection agency for collections.
2. I understand that if my account is assigned to a collection agency, that the collection agency will charge a commission that may be as much as 50% of the amount I owe to Northern Nevada Pediatrics. I agree that if my account is assigned to a collection agency, that Northern Nevada Pediatrics may add the amount of the collection agency's commission or fee to the amount that I owe Northern Nevada Pediatrics, and I agree to pay the additional amount.
3. I understand that the addition of a collection agency's fee or commission to my unpaid balance may well result in my owing a sum substantially in excess of the amount owed for medical services. I understand, for example, that if the unpaid balance that I owe to Northern Nevada Pediatrics is \$1000.00 that Northern Nevada Pediatrics may add up to \$500.00 to my account, and I agree to pay the sum of \$1500.00 in such event.
4. I understand and agree that in the event legal action is commenced to enforce my obligations hereunder, that I will pay court costs and reasonable attorney's fee.

\_\_\_\_\_  
Signature of Patient or Guarantor

\_\_\_\_\_  
Date